| | CERTIFICATE OF INTERESTED PART | TES | | FOR | м 1295 |
|----|---|--|---------------|----------------------------|---------------------------------------|
| _ | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USE RTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and countr of business. Pepsi Beverages Company | y of the business entity's place | 2 1 1 1 1 1 1 | ficate Number: 1-403081 | |
| | Plano , TX United States | | Date | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which the form is | 09/13 | 2/2018 | |
| | being filed. City of McAllen, Texas | • | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided. | y or state agency to track or identify ed under the contract. | the co | ontract, and pro | vide a |
| | 08-18-S62-57 Pouring Rights - Soda & Other Beverages | | | | |
| | | <u> </u> | | Nature of | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | plicable) Intermediary |
| | | Diana TV Linkad States | | X | intermediary |
| Pe | epsi Beverages Company | Plano, TX United States | | ^ | |
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| 5 | Check only if there is NO Interested Party. | | | | ٠. |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is Mary Raegan Purdie Fro | m, f and my date of | birth is | August 7 | 1th 1986 |
| | My address is 908 Gray Fox Dr | McKinney I | <u>V</u> | 75071 | LISA. |
| į | (street) | (city) (st | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | . | | | |
| | Callin | , State of <u>lexas</u> on the | 17 | lay of Deafaml | 20 18 |
| | Executed in County ZACH PAGAN County | I amen at Tallyk V men at the | <u>,</u> | (month) | (year) |
| | NOTARY PUBLIC * STATE OF TEXAS | 227 |) | |] |
| | ID # 129459904 My Comm. Expires 07-17-2021 | Cignature of outle disease amont of an | tractic | husinge salik | · · · · · · · · · · · · · · · · · · · |
| | M. courter revision 01-11-5051 V | Signature of authorized agent of con (Declarant) | ıracıng | ousiness 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. 2018-403081 Pepsi Beverages Company Date Filed: Plano, TX United States 09/12/2018 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 01/02/2019 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. Pouring Rights - Soda & Other Beverages Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Plano, TX United States Х Pepsi Beverages Company 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION ____, and my date of birth is _ My name is ____ My address is ____ (city) (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of _____, on the ____ Executed in _ (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.0.6711

FORM 1295

| | Complete 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 | | |
|---|---|---|------------------|--|--------------|--|
| Name of business entity filing form, and the city, state and country of the business entity's place of business. Pitney Bowes Cereative filing form, and the city, state and country of the business entity's place 20. | | | | Certificate Number: 2018-436869 Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form | | 31/2018 | | |
| | being filed. City of McAllen TX | | | e Acknowledged: 03/2019 | , | |
| 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 i ded under the contract. | dentify the | contract, and prov | /ide a | |
| | TxBuyBoard 496-15 Office equipment/mail processing equipment | | | | | |
| 4 | Name of Interested Device | City State County fular | husins | Nature of | | |
| | Name of Interested Party | City, State, Country (place o | มนรเกียรร์) | (check ap | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my o | late of birth is | 5 | , | |
| | 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, c | on the | day of | _, 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized agent | | | | |

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. 2018-436869 Pitney Bowes Shelton, CT United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 12/31/2018 being filed. City of McAllen TX Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. TxBuyBoard 496-15 Office equipment/mail processing equipment 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 _____ Boyd Hering _____, and my date of birth is ____ Irving 8445 Freeport Ste 200 75063 USA My address is ____ (street) (city) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>McLennan</u> , on the <u>31st day</u> of Dec County, State of 20, 18, (month) (year) Signature of authorized agent of confracting business entity (Declarant)/ Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0,6711

CERTIFICATE OF INTERESTED PARTIES

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. 2019-438321 Fidelity Capital Markets Boston, MA United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/07/2019 being filed. Date Acknowledged: Fidelity Capital Markets, a division of National Financial Services LLC 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. Gen Obl Bonds Srs 2019 Underwriter Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Norton Rose Fulbright San Antonio, TX United States Х McCall Parkhust & Horton San Antonio, TX United States Х Donaghy, John Boston, MA United States Х O'Toole, Emily Boston, MA United States Χ Elizabeth, Hanify Boston, MA United States Х Estes, Katherine Boston, MA United States Х FMR LLC Boston, MA United States Х Fidelity Global Brokerage Group INC Boston, MA United States Х Noonan, Daniel Boston, MA United States Х 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is <u>Elizabeth H Hanihi</u>, and my date of birth is <u>6/11/95</u> My address is 155 Staper + Blvd I declare under penalty of perjury that the foregoing is true and correct. County, State of Wassachus Me, on the Executed in

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ature of authorized agent of contracting business entity

(Declarant)

Version V1.0.6711

FORM **1295**

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|--|---|--|-----------|------------------------------------|---|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CEI | | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | , | | | Certificate Number: 2019-438321 | | | |
| | Fidelity Capital Markets | | | | | | |
| | Boston, MA United States | | Date F | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which the form is | 01/07 | /2019 | | | |
| | being filed. Fidelity Capital Markets, a division of National Financial Servic | es LLC | | Acknowledged: /2019 | | | |
| | | | | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | y or state agency to track or identify ed under the contract. | the co | ntract, and prov | ide a | | |
| | Gen Obl Bonds Srs 2019 Underwriter | | | | | | |
| 4 | | | | Nature of | | | |
| • | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | | |
| | | | | Controlling | Intermediary | | |
| No | rton Rose Fulbright | San Antonio, TX United States | | | X | | |
| Мс | Call Parkhust & Horton | San Antonio, TX United States | | | X | | |
| Do | naghy, John | Boston, MA United States | | | Х | | |
| Ο' | Foole, Emily | Boston, MA United States | | | Х | | |
| Eli | zabeth, Hanify | Boston, MA United States | | | X | | |
| Es | tes, Katherine | Boston, MA United States | | | X | | |
| F٨ | IR LLC | Boston, MA United States | | Х | | | |
| Fic | delity Global Brokerage Group INC | Boston, MA United States | | Х | | | |
| No | onan, Daniel | Boston, MA United States | | | Х | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my date of | birth is | | · | | |
| | My address is | | , | | ·· | | |
| | (street) | (city) (s | tate) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | i. | | | | | |
| | Executed inCounty | , State of, on the | d | lay of | , 20 | | |
| | | | | (month) | (year) | | |
| | | Signature of authorized agent of cor (Declarant) | ntracting | business entity | | | |

| | CERTIFICATE OF INTERESTED PAR | TIES | | FOR | м 1295 |
|---|---|---|-------------|----------------------------|--------------|
| | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USI | - 1 |
| 1 | Name of business entity filing form, and the city, state and coun of business. Affordable Homes of South Texas, Inc. | alry of the business entity's place | | ficate Number: 3-420220 | |
| Ļ | McAllen, TX United States | · · · · · · · · · · · · · · · · · · · | | Filed: 0/2018 | ĺ |
| 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 | | Acknowledged: | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid MC1819 Funds will be used for the construction and/or rehabilitation o | ded under the contract. | y the c | ontract, and pro | vide a |
| _ | | i - | | Naturo o | f interest |
| 4 | Name of Interested Party | City, State, Country (place of busin | iess) | | pplicable) |
| _ | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO interested Party. | | | | |
| G | UNSWORN DECLARATION | | | | |
| | My name is Ronert Culville , and my date of birth is 03 78 163 . | | | | |
| | My address is 420 Enchve. (street) | '- | X state) | 78501 (zip code) | .thdalgo. |
| | I declare under penalty of perjury that the foregoing is true and correct | | | 1- 5 00001 | \ <i>\</i> |
| | Executed inhaalg bCount | | 304h | day of <u>OCTOO</u> | , 20 € |
| | /. | Mut I alaa | | | |
| | | 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 ONL CERTIFICATION OF F | | | | | | |
|--|---|---|---------------|------------------------------------|--------------|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2018-420220 | | |
| | Affordable Homes of South Texas, Inc. | | | | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a party to t | he contract for which the form is | | e Filed: 30/2018 | | |
| _ | being filed. | ne contract for which the form is | | | | |
| | City of McAllen | | | e Acknowledged: 26/2018 | | |
| | Descript the identification of the state of | | | | | |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be prov | ity or state agency to track or ide ided under the contract. | entify the c | contract, and pro | vide a | |
| | MC1819 | | | | | |
| | Funds will be used for the construction and/or rehabilitation of | of single family affordable units. | | | | |
| _ | | | | Nature o | f interest | |
| 4 | Name of Interested Party | City, State, Country (place of b | usiness) | (check ar | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and my dat | e of birth is | . | | |
| | | | 0 01 0.11.10 | | * | |
| | My address is | | | | | |
| | (street) | (city) | (state) | (zîp code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | et. | | | | |
| | Executed inCount | y, State of, on | thec | day of | , 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized agent of (Declarant) | contracting | g business entity | | |
| | | (Deciarant) | | | | |

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FORM **1295**

| | | | | | 1 of 1 |
|---|--|---------------------|---|-----------------|----------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and country of the business er of business. Doggett Heavy Machinery Services LLC | | Certificate Number: 2019-438785 | | |
| | San Juan, TX United States | | Date Fi | led: | |
| 2 | | the form is | 01/07/7 | 2019 | |
| | being filed. 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 contract | | the con | tract, and prov | ride a |
| | JD-310SL-01-07-19 John Deere Backhoe | | | | |
| 4 | | | T | Nature of | interest |
| 7 | Name of Interested Party City, State, Country | (place of busine | · ⊢ | (check ap | |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is IMMY SACKSUN | and my date of b | irth is _ | 12-19- | -72. |
| | My address is 901 E. TN Jens/4 te 2 SAN SUA (city) | d to | 17 | 3509 | Hidaka |
| | (street) (city) | (sta | te) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed in | 45_, on the | <u> 7 </u> | 101 <u> </u> | cy, 20 1cy. |
| | | | | (Hand) | (year) |
| | Signature of authori | zeri agent of contr | acting b | usiness entity | |
| | Signature of activon | (Declarant) | y D | | |
| _ | The state of the s | | | Vor | sion V1 0 6711 |

FORM **1295**

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|-------|--|-----------------------------|--------------------|----------------------------------|----------------------------|--|
| - | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE US CERTIFICATION | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2019-438785 | | |
| | Doggett Heavy Machinery Services LLC | | | Z013-430103 | | |
| | San Juan, TX United States | | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the con- | ract for which the form is | beina | 01/07/2019 | | |
| _ | filed. | | | | | |
| | City of Mcallen | | | Date Acknowledged: 01/08/2019 | | |
| 3 | Provide the identification number used by the governmental entity or s services, goods, or other property to be provided under the contract. | tate agency to track or ide | entify the contr | act, and provide a des | scription of the | |
| | JD-310SL-01-07-19 John Deere Backhoe | | | | | |
| | i i | | | Moture | of Interest | |
| 4 | Name of Interested Parts | City, State, Country (pl | are of husines | | or interest ipplicable) | |
| | Name of Interested Party | City, State, Country (pi | ave or nosines | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
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| | My name is | , ar | nd my date of b | oirth is | | |
| | My address is(street) | ,(city) | (sta | ate) (zip code) | (country) | |
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| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed inCounty | , State of | , on the _ | | | |
| | | | | (month) |) (year) | |
| | | Signature of authorized | d agent of control | racting business entity | | |
| | Vargion V1 0 6711 | | | | | |

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| | CERTIFICATE OF INTERESTED PART | TIES | | FOR | м 1295 | |
|---|--|---|----------------|---------------------------|---------------------------|--|
| F | Complete Man 4 A and 5 if there are interested waiting | | | OFFICE USE | | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | RTIFICATION | | |
| 1 | Name of business entity filing form, and the city, state and count of business. | try of the business entity's place | ı | ficate Number: -438773 | | |
| | Houston Freightliner Houston, TX United States | | Date | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to th | e contract for which the form is | 01/0 | 01/07/2019 | | |
| | 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 to 11-18-P09-01 | | the co | ontract, and pro | vide a | |
| | ONE (1) NEW DUMP TRUCK (HGAC) | | | | | |
| 4 | | | | Nature of | | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | plicable) Intermediary | |
| _ | | | | - Controlling | intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Mynameis Adum Neuse | , and my date of t | oirth is | 03/02/ | 1988 | |
| | My address is 9550 North Loop East (street) | Houston 7 | × | 77029 | us. | |
| | (street) | (city) (sta | ate) | (zìp code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed in Harris County | 7, State of $\frac{\sqrt{2}}{\sqrt{2}}$, on the | 7 _d | ay of | _, 20_1 9. | |
| | | | • | (וווסחנה) | (year) | |
| | | Man In | · | | | |
| | | Signature of authorized agent of conti (Declarant) | racting | business entity | 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. | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
|---|--|--|---|-----------------|--|
| 1 | Name of business entity filing form, and the city, state and country of the b business. | Certificate Number: 2019-438773 | | | |
| | Houston Freightliner | | | | |
| | Houston, TX United States | | Date Filed: 01/07/2019 | | |
| 2 | Name of governmental entity or state agency that is a party to the contract filed. | for which the form is being | 01/07/2019 | | |
| | City of McAllen | | Date Acknowledged: | | |
| | • | | 01/08/2019 | | |
| 3 | Provide the identification number used by the governmental entity or state services, goods, or other property to be provided under the contract. | agency to track or identify the contr | act, and provide a desc | ription of the | |
| | 11-18-P09-01 ONE (1) NEW DUMP TRUCK (HGAC) | | | | |
| 4 | | | Nature of | | |
| 4 | Name of Interested Party C | ity, State, Country (place of busines | | | |
| | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of b | 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. | | | ļ | |
| | Executed inCounty, Sta | ate of, on the _ | day of | , 20 | |
| | | | (month) | (year) | |
| | Si | gnature of authorized agent of cont (Declarant) | racting business entity | | |

FORM 1295

1 of 2

| - | | |
|---|---|---|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Haiff Associates, Inc. McAllen, TX United States | Certificate Number: 2018-395859 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 | 08/23/2018 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.

08-18-S67-480

Statement of Qualifications for Engineering Services and Construction Administration Services for Various Drainage Improvement Projects (2018 Bond)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | | |
|---------------------------------------|--|--|--------------|--|
| | | Controlling | Intermediary | |
| Adams, Bobby | Houston, TX United States | x | | |
| Baker, Jessica | Richardson, TX United States | х | | |
| Bargainer, Tím | Austin, TX United States | × | | |
| Craig , Matthew | Richardson, TX United States | × | | |
| Edwards, Mark | Richardson, TX United States | x | | |
| Jackson, Todd | Austin, TX United States | × | | |
| lckert, Andrew | Fort Worth, TX United States | х | | |
| Killeen, Russell | Fort Worth, TX United States | × | | |
| Kuhn, Greg | Richardson, TX United States | х | | |
| Kunz , Pat | Richardson, TX United States | х | | |
| Moya, Mike | Austin, TX United States | × | | |
| Murray, Menton | McAllen, TX United States | х | | |
| Plugge, Roman | Richardson, TX United States | х | | |
| Tanksley , Dan | Richardson, TX United States | Х | | |
| Zapalac, Russell | Richardson, TX United States | х | | |
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| | CERTIFICATE OF INTERESTED PAP | KIIES | | FOI | RM 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 US | |
| 1 | Name of business entity filing form, and the city, state and cour of business. Halff Associates, Inc. | ntry of the business entity's place | | ificate Number: 8-395859 | |
| 2 | McAllen, TX United States | | Date Filed: | | |
| ٦ | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | he contract for which the form is | | 3/2018 Acknowledged: | |
| L | Day day day 11 and an | | l | • | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 08-18-S67-480 | lity or state agency to track or identify ded under the contract. | / the c | ontract, and pro | vide a |
| - | Statement of Qualifications for Engineering Services and Cor Projects (2018 Bond) | nstruction Administration Services fo | or Vari | ous Drainage I | mprovement |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | | finterest oplicable) |
| _ | <u> </u> | | | Controlling | Intermediary |
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| | Check only if there is NO Interested Party. | | | | |
| | | | | | |
| | INSWORN DECLARATION | | | | |
| | dy name is Robert L. Soften | , and my date of bi | rth is _ | 5-2-1 | 964 |
| M | ly address is 912 N. 49+4 Syret (street) | McAllen Tz | e) | 78501 (zip code) | COUNTRY) |
| ı | declare under penalty of perjury that the foregoing is true and correct. | · | | | |
| E | xecuted in Hidalgo County, | State of Texas on the 2 | 9_day | of August | , 20 <u>18</u> . |
| | | 110 | | (month) | (year) |
| | | | <u></u> | | |
| | | Signature of authorized agent of contra (Ecclarant) | cting b | usiness entity | } |

FORM 1295

1 of 2

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING |
|---|---|---|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc. McAllen, TX United States | Certificate Number: 2018-395859 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 | 08/23/2018 Date Acknowledged: 01/14/2019 |

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.

08-18-S67-480

Statement of Qualifications for Engineering Services and Construction Administration Services for Various Drainage Improvement Projects (2018 Bond)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | | |
|----------------------------|--|---------------------------------------|--------------|--|
| | | Controlling | Intermediary | |
| Adams, Bobby | Houston, TX United States | × | | |
| Baker, Jessica | Richardson, TX United States | Х | | |
| Bargainer, Tim | Austin, TX United States | × | | |
| Craig , Matthew | Richardson, TX United States | х | | |
| Edwards, Mark | Richardson, TX United States | х | * | |
| Jackson, Todd | Austin, TX United States | х | | |
| Ickert, Andrew | Fort Worth, TX United States | × | | |
| Killeen, Russell | Fort Worth, TX United States | х | | |
| Kuhn, Greg | Richardson, TX United States | х | | |
| Kunz , Pat | Richardson, TX United States | × | | |
| Moya, Mike | Austin, TX United States | х | | |
| Murray, Menton | McAllen, TX United States | х | | |
| Plugge, Roman | Richardson, TX United States | X | | |
| Tanksley , Dan | Richardson, TX United States | х | | |
| Zapalac, Russell | Richardson, TX United States | Х | | |
| | | | | |
| | | | | |
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CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-395859 Halff Associates, Inc. Date Filed: McAllen, TX United States 08/23/2018 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 01/14/2019 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. Statement of Qualifications for Engineering Services and Construction Administration Services for Various Drainage Improvement Projects (2018 Bond) Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** _____, and my date of birth is _____, My name is ___ My address is ___ (state) (zip code) (street) (city) (country) I declare under penalty of perjury that the foregoing is true and correct. _______County, State of ______, on the ____day of _ Executed in ___

Signature of authorized agent of contracting business entity (Declarant)

| | CERTIFICATE OF INTERESTED PART | TIES | | FOR | л 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. | | | FICE USE | ONLY 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 2018-397 | Number: 994 | |
| _ | Perez Consulting Engineers, LLC McAllen, TX United States | | Date Filed 08/29/201 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | e contract for which the form is | | owledged: | , |
| 3 | Provide the Identification number used by the governmental enti- description of the services, goods, or other property to be provid 08-18-S67-480 Professional Engineering Services and Construction Administ | ded under the contract. | | | ide a |
| 4 | Name of Interested Party | City, State, Country (place of busing | 1666/ | Nature of (check ap | |
| | mane of medested tarty | only, orace, country (place or beam | · — | ntrolling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| | UNSWORN DECLARATION | ·· | | | |
| | My name is J. David Perez | , and my date o | f birth is 4- | 22-1969 | , |
| | My address is 808 Dallas Ave. | <u>McAllen</u> | | 501 | USA. |
| | (street) | , ,, | stale) (| (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct Executed inHidalgoCounty | | 29th day o | _{f_} August | , 20 18 . |
| | | \ | | (month) | (year) |
| | | Signature of authorized agent of co | ntracting bus | iness entity | |
| | | (Declarant) | - | | |

FORM **1295**

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|--------|---|---|---|------------------------------------|---------------------------|--|
| | 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. | Ci | 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: 2018-397994 | | |
| | ez Consulting Engineers, LLC | | | | | |
| | Illen, TX United States | | | te Filed: /29/2018 | | |
| | e of governmental entity or state agency that is a party to th g filed. | ie contract for which the form | is Joo | 129/2016 | | |
| | of McAllen | | | te Acknowledged: | | |
| | | | | /17/2019 | | |
| desc | vide the identification number used by the governmental ent pription of the services, goods, or other property to be provi | ity or state agency to track or ded under the contract. | identify the | contract, and prov | /ide a | |
| | L8-S67-480 fessional Engineering Services and Construction Adminis | tration Services for Various I | Orainage Im | nprovements | | |
| 4 | | | | Nature of | | |
| | Name of Interested Party | City, State, Country (place o | ot business) | (check ap | plicable) Intermediary | |
| | | | | Controlling | mermediary | |
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| 5 Chec | Ck only if there is NO Interested Party. | | | | | |
| 6 UNS | WORN DECLARATION | | | | | |
| | | والمعارف | data of blath | io | | |
| му па | ame is | , ало ту | uate ûi DiiAD | 19 | , | |
| Муа | ddress is | | | | , <u>.</u> , | |
| • | (street) | (city) | (state) | (zip code) | (country) | |
| l dec | lare under penalty of perjury that the foregoing is true and corre | ct. | | | | |
| Exec | cuted inCount | y, State of | on the | | | |
| | | | | (month) | (year) | |
| | | Signature of authorized ager (Declara | nt of contract nt) | ing business entity | | |

| CERTIFICATE OF INTERESTED F | PARTIES | FO | RM 1295 |
|---|--|-----------------------------|-----------------------------|
| | | | 1 of 1 |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie | es. | OFFICE US | |
| Name of business entity filing form, and the city, state and of business. | d country of the business entity's place | Certificate Number: | |
| Dannenbaum Engineering Corporation McAllen, TX United States | | 2018-397669 | |
| 2 Name of governmental entity or state agency that is a part | y to the contract for which the form is | Date Filed: 08/29/2018 | |
| being filed. City of McAllen | | Date Acknowledged | : |
| Provide the identification number used by the government description of the services, goods, or other property to be | tal entity or state agency to track or identify provided under the contract. | the contract, and pro | vide a |
| Solic 08-18-S67-480 City of McAllen Engineering Services DEC 9140-79 | | | |
| Name of Interested Party | City, State, Country (place of busin | | f interest |
| | , otty, outer country (place of busin | Controlling | Intermediary |
| lones, Louis | McAllen, TX United States | | × |
| Seitz, Richard | McAllen, TX United States | | х |
| hrens, Wayne | Houston, TX United States | | х |
| annenbaum , James | Houston, TX United States | X | |
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| <u> </u> | | | |
| Check only if there is NO Interested Party. | | | |
| UNSWORN DECLARATION | | | |
| My name is Louis H. Jones, Jr. | , and my date of b | irth is <u>8/28/1955</u> | |
| My address is 1109 West Nolana Loop, Suite 208 (street) | , <u>McAllen</u> , <u>T</u>) (city) (sta | <u> </u> | USA . |
| • • | · · · | e) (zip code) | (country) |
| I declare under penalty of perjury that the foregoing is true and co | | | |
| Executed in Hidalgo Co | ounty, State ofTX, on the _2 | 9th_day ofAugust (month) | _, 20 <u>18</u> . (year) |
| | 1.1/2 | | |
| | Signature of authorized agent of contra | acting hysiness entity | |
| | (Declarant) | wang ocomess entity | ł |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1,0,6711

FORM **1295**

| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | | CE | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|--|--|----------------------------|---------------------------------------|-----------------------------|---------------|---|---------------|--|--|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | | Certificate Number: 2018-397669 | | | |
| | Dannenbaum Engineering Corporation | | | | | | | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a p | arty to the | contract for " | which the form | 1 | e Filed: 29/2018 | | | |
| 2 | Name of governmental entity or state agency that is a p being filed. | aity to the | COMITACT FOR V | mich die lotm | 13 | | | | |
| | City of McAllen | | | | | e Acknowledged: 16/2019 | | | |
| 3 | Provide the identification number used by the governm description of the services, goods, or other property to | ental entity be provide | or state ager d under the c | ncy to track or ontract. | identify the | contract, and prov | vide a | | |
| | Solic 08-18-S67-480 City of McAllen Engineering Services DEC 9140-79 | | | | | | | | |
| 4 | | | 0:44 0:44 0 | | d hunimans | Nature of interest (check applicable) | | | |
| | Name of Interested Party | | Cîty, State, Country (place of busine | | | Controlling | Intermediary | | |
| Jo | nes, Louis | | McAllen, T | United State | S | | X | | |
| Se | itz, Richard | | McAllen, TX | United State | s | | Х | | |
| Αħ | rens, Wayne | | Houston, T | K United State | s | | X | | |
| Da | nnenbaum , James | | Houston, TX | K United State | s | х | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | My name is | - | · | , and my | date of birth | is | | | |
| | My address is(street) | | | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true | and correct. | · | | | | | | |
| | Executed in | County | State of | | on the | day of | . 20 | | |
| | Executed in | County, | State UI | | on the | (month) | (year) | | |
| | | | Signature of | authorized agei (Declara | | ng business entity | | | |
| | was any ideal by Toyen Ethion Commission | Manage official | an atata tu ur | | | Vor | sion V1 0 671 | | |

| CERTIFICATE OF INTERESTED P | ARTIES | | FO | Rм 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 | s. | CE | OFFICE US | | | |
| Name of business entity filling form, and the city, state and of business. | country of the business entity's place | | Certificate Number: 2018-397696 | | | |
| Cruz-Hogan Consultants, Inc. McAllen, TX United States | | | Filed: | | | |
| Name of governmental entity or state agency that is a party being filed. | to the contract for which the form is | 08/2 | 08/29/2018 | | | |
| City of McAllen | | Date | Acknowledged | l : | | |
| 3 Provide the identification number used by the governmenta description of the services, goods, or other property to be p | al entity or state agency to track or iden provided under the contract. | tify the c | ontract, and pro | ovide a | | |
| 08-18-S67-480 | | | | | | |
| Engineering Services | | | | | | |
| 4 Name of Interested Ports | City, State, Country (place of bu | oinoso) | Nature of interest (check applicable) | | | |
| Name of Interested Party | City, State, Country (place of pu | siness) | Controlling Int | | | |
| Cruz, Rolando | McAllen, TX United States | | х | | | |
| Cruz, Orlando | Weslaco, TX United States | | × | | | |
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| Check only if there is NO Interested Party. | | | | | | |
| UNSWORN DECLARATION | | | | | | |
| My name is Rolando Cruz, P.E., CFM | , and my date o | of birth is | 09/29/1956 | . | | |
| My address is 605 E. Violet Ave., Suite 1 | , McAllen | TX | 78504 | USA | | |
| (sireet) | (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 TX, on the | ∋ <u>29th</u> da | ay of August | . 20 <u>18</u> . | | |
| | The state of the s | | (month) | (year) | | |
| _, | Signature of authorized agent of co | ntracting | business entity | | | |
| | (2000010111) | | | 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 | 3. | CE | OFFICE USE | | | | |
|----|---|--|---------------------|--------------------------|------------------------------------|--|--|--|
| 1 | Name of business entity filing form, and the city, state and of business. | s entity filing form, and the city, state and country of the business entity's place | | | Certificate Number: 2018-397696 | | | |
| | Cruz-Hogan Consultants, Inc. | | 201 | ZOT0-931030 | | | | |
| | McAllen, TX United States | | 1 | e Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party being filed. | to the contract for which the for | m is 08/2 | 29/2018 | | | | |
| | City of McAllen | | | Acknowledged: 19/2019 | | | | |
| 3 | Provide the identification number used by the governmenta description of the services, goods, or other property to be p | al entity or state agency to track oprovided under the contract, | or identify the c | contract, and prov | ride a | | | |
| | 08-18-S67-480 Engineering Services | | | | i | | | |
| 4 | | | | Nature of | | | | |
| • | Name of Interested Party | City, State, Country (place | e of business) | (check ap | | | | |
| | · | · · · · · · · · · · · · · · · · · · · | | Controlling | Intermediary | | | |
| Cr | uz, Rolando | McAllen, TX United Sta | tes | X | | | | |
| Cr | uz, Orlando | Weslaco, TX United Sta | ates | X | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 5 | UNSWORN DECLARATION | | | | , | | | |
| | My name is | , and n | ny date of birth is | S | , | | | |
| | My address is(street) | (city) | ,, (state) | (zip code) | , (country) | | | |
| | | | farara) | (wh code) | (4441114) | | | |
| | I declare under penalty of perjury that the foregoing is true and o | | | | : | | | |
| | Executed inC | County, State of | _, on the | | | | | |
| | | . * | | (month) | (year) | | | |
| | | Signature of authorized ag | | g business entity | | | | |
| | no provided by Toyan Ethias Campilosian | | | | ion V1 0 6711 | | | |

FORM 1295

| _ | | | | | |
|----|---|---|--------------|--------------------|-------------------|
| | Complete Nos. 1 · 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested part | ties. | | OFFICE USI | ONLY OF FILING |
| 1 | Name of business entity filing form, and the city, state ar of business. | Certificate Number: 2018-427276 | | | |
| | RG Enterprises, LLC dba G&G Contractors | | | | |
| | Edinburg, TX United States | | Date F | iled: | |
| 2 | Name of governmental entity or state agency that is a pa | rty to the contract for which the form is | 11/20 | /2018 | |
| 2 | being filed. | ity to the contract for valion the total is | | ĺ | |
| | City of McAllen | | Date A | Acknowledged: | |
| 3 | Provide the identification number used by the government description of the services, goods, or other property to be | ntal entity or state agency to track or identify se provided under the contract. | the co | ntract, and pro | vide a |
| | 11-18-C04-325 | | | | |
| | Quinta Mazatlan Wall Repair | | | | |
| | 2 milet Messacratic Transit Separation | | | ! | |
| 4 | | | | | f interest |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check a | oplicable) |
| | | | | Controlling | Intermediary |
| Ga | rza, Rene | Edinburg, TX United States | | x | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | <u> </u> | |
| | My name is Rene Garza | , and my date of | oirth is _ | 06/05/7 | '8 |
| | My address is 711 E. Wisconsin Rd. | Edinburg T | Χ | : 78539 | USA |
| | (street) | (city) (st | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true an | d correct. | | | |
| | Executed in Hidalgo | _County, State ofTexas, on the _ | <u>23</u> da | y of <u>Novemb</u> | |
| | | $A \wedge$ | | (month) | (year) |
| | - | Signature of authorized agent of cont | racting | business entity | |
| | | (Declarant) | | | |

FORM **1295**

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|--|---|--|------------------------------------|---|--------------|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FILM | | | | | | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | | Certificate Number: | | | |
| | RG Enterprises, LLC dba G&G Contractors | | i | 2018-427276 | | |
| | Edinburg, TX United States | | ľ | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to t | he contract for which | the form is | 11/20/2018 | | |
| _ | being filed. | .,, | | | | |
| | City of McAllen | | | Date Acknowledged | : | |
| | | | | 01/17/2019 | | |
| 3 | Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided in the control of the services. | tity or state agency to ided under the contra | track or identify t ct. | the contract, and pro | ovide a | |
| | 11-18-C04-325 | | | | | |
| | Quinta Mazatlan Wall Repair | | | | | |
| | | | | *************************************** | £ 5 - 4 4 | |
| 4 | Name of Internated Doub. | City Ctata County | · /mlaaa af husina | | of interest | |
| | Name of Interested Party | City, State, Country | (place of busines | | pplicable) | |
| | | <u> </u> | | Controlling | Intermediary | |
| G | arza, Rene | Edinburg, TX Uni | ted States | X | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| â | UNSWORN DECLARATION | | | | | |
| | My name is | | and my date of bi | rth is | | |
| | My address is(street) | 7 | ,,,,, | e) (zip code) | (country) | |
| | laneeti | (city) | ţstat | e, (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) | | |
| | | Signature of authori | zed agent of contra (Declarant) | acting business entity | | |
| | | | | ** | | |

FORM 1295

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|----|---|-------------------------|---------------------|---------------|----------------------------|--------------|
| | Complete Nos. 1 - 4 and 6 if there are Interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CEI | OFFICE US | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | ntry of the business e | entity's place | | ficate Number: 3-398116 | |
| | R. Gutlerrez Engineering Corporation | | | D.4. | wii - J. | |
| 2 | Pharr, TX United States Name of governmental entity or state agency that is a party to ti | he contract for which | the form is | - | Filed: 9/2018 | |
| _ | being filed. | te contract for willon | the form is | | | |
| | City of McAllen | | | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi | | | the co | ontract, and pro | vide a |
| | 08-18-S67-480 | | | | | |
| | SOQ – ENGINEERING SERVICES FOR VARIOUS DRAINA | GE IMPROVEMEN | T PROJECTS – : | 2018 | BOND | |
| ļ | | | | | Nature o | |
| | Name of Interested Party | City, State, Countr | y (place of busine | (\$S) | (check as | Intermediary |
| _ | · · · · · · · · · · · · · · · · · · · | | | | Controlling | intermediary |
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| | Check only if there is NO Interested Party. | | | | | |
| ī | JNSWORN DECLARATION | | | | | |
| ł | My name is <u>Ramiro Gutierrez</u> | | , and my date of bi | irth is _ | 12/01/1960 |) |
| ľ | My address is 1203 S. Gumwood | , Pharr | | | 78577 | USA. |
| | (street) | (city) | (stat | ie) | (zip code) | (country) |
| ı | declare under penalty of perjury that the foregoing is true and correc | t. | | | | |
| 1 | Executed in <u>Hidalgo</u> County | , State of <u>Texas</u> | , on the <u>3 (</u> | <u>)th</u> da | ay of <u>August</u> | |
| | | Rain : | /D - | | (month) | (year) |
| | , | Signature of author | | acting | business entity | |
| | | | (Declarant) | | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-398116 R. Gutierrez Engineering Corporation Pharr, TX United States Date Filed: 08/29/2018 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 01/19/2019 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. SOO -- ENGINEERING SERVICES FOR VARIOUS DRAINAGE IMPROVEMENT PROJECTS -- 2018 BOND Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ **6 UNSWORN DECLARATION** My name is _ _, and my date of birth is _ My address is _ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. _____day of ____day of _ _County, State of ___ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-443821 Xylem Dewatering Solutions / DBA Godwin Pumps Corpus Christi, TX United States Date Filed; 01/22/2019 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. 0119P1701 8" CD200 Godwin Pump RGT 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 DAVIO LACENIG and my date of birth is 5/12/1975 2029 N LEXINGTON BLYD CORPUS CHRISTI, TY (street) (city) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. TX on the 22 day of JAN Executed in ______County, State of _____ (month) (year)

Signature of authorized agent of contracting business entity (Oeclarant)

FORM **1295**

| | Complete Nos. 1 - 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. Xylem Dewatering Solutions / DBA Godwin Pumps Corpus Christi, TX United States | Certificate Number: 2019-443821 Date Filed: | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 01/22/2019 | 01/22/2019 | | | | |
| | City of McAllen | | | Date Acknowledged: 01/22/2019 | | | | |
| | 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. | | | | | | | |
| | 0119P1701 8" CD200 Godwin Pump RGT | | | | | | | |
| 4 | | | | Nature of | ľ | | | |
| | Name of Interested Party | Name of Interested Party City, State, Country (place of business) | | | olicable) | | | |
| | | ************************************** | Con | trolling | Intermediary | | | |
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| 5 | Check only if there is NO Interested Party. | | 1 | | | | | |
| 6 | UNSWORN DECLARATION | | | _ | | | | |
| ı | My name is | , and my date of t | oirth is | | , | | | |
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| ١ | My address is(street) | (city) (sta | ate) (zip | , code) | (country) | | | |
| | (sucel) | (oray) (see | no, (zip | - coucy | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | | | |
| | Executed inCounty. | , State of, on the _ | day of _ | | | | | |
| | • | | | (month) | (year) | | | |
| | | Signature of authorized agent of cont (Declarant) | racting busine | ess entity | | | | |

FORM **1295**

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|--|---|-----------------------|-------------------------------------|--------------|--|--------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | | Certificate Number: 2018-425742 | | | |
| | Rodz Lawn Care and Landscaping | | | | | | | |
| | McAllen, TX United States | Date Filed: | | | | | | |
| 2 | Name of governmental entity or state agency that is a party to t being filed. | he contract for which | the form is | 11/14/2018 | | | | |
| | 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. | | | | | | | |
| | 11-18-S07-101 | | | | | | | |
| | Service Contract for Grounds Maintenance | | | | | | | |
| 4 | | | | | Nature of | | | |
| - | Name of Interested Party | City, State, Country | y (place of busine | | (check app | | | |
| | | <u> </u> | | Cor | ntrolling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | | , and my date of b | irth is | | · | | |
| | My address is | · | | | | | | |
| | (street) | (city) | (sta | te) (z | ip code) | (country) | | |
| I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | | |
| | Executed inCoun | ty, State of | , on the _ | day of | | _, 20 | | |
| | | | | | (month) | (year) | | |
| | | Signature of author | rized agent of contr (Declarant) | acting busir | ness entity | | | |
| | Cooking | | | | | | | |

| | CERTIFICATE OF INTERESTED PARTIES | | • | FOR | 1295 | | |
|----------|---|----------------|---------|---|----------------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested parties. | , | | OFFICE USE | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Rodz Lawn Care and Landscaping McAllen, TX United States | | | Gertificate Number: 2018-425742 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 | | | 11/14/2018 Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or description of the services, goods, or other property to be provided under the contract. 11-18-S07-101 Service Contract for Grounds Maintenance | identify th | ne co | | | | |
| 4 | | af huginas | | Nature of interest s) (check applicable) | | | |
| ľ | Name of Interested Party City, State, Country (place | ot pusines | 's) - | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | - | | | 1 - | | |
| | | | irth is | 8/26 | 169 | | |
| | My address is 40:1 N. 8th St. McAller (city) | <u>)</u> ,(sta | X, . | /8501 (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | LE. | .6.1 | an 18 | | |
| | Executed in Hidalgo County, State of Texas | _, on the _ | 100 | lay of YV o V (month) | , 20 <u>12</u> . (year) | | |
| | DENNISE PEREZ My Notary ID # 131603358 Expires June 13, 2022 Signature of outhorized ag (Declar) | ent of conti | racting | g business entity | | | |

FORM **1295**

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|---|---------------------------------------|--------------------|---------------------|--------------------|---|--------------------|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | | OFFICE 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: | | | | | |
| The Grounds Guys | | | 2018-426709 | | | | | |
| Brownsville, TX United States | | | | Date Filed: | | | | |
| Name of governmental entity or state agency that is a being filed. | a party to the co | ntract for which | the form is | 11/19/2018 | | | | |
| City Of McAllen | | | | Date Acknowledged: | | | | |
| ony of modular | | | | 01/21/201 | • | | | |
| Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | | | | |
| 11-18-S07-101 | | | | | | | | |
| Service Contract for Grounds Maintainance | | | | | | | | |
| | | | | | Notice of | t t | | |
| 4 Name of Interested Party | l ci | v. State. Countr | / (place of busine | 122 | Nature of (check ap | | | |
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| i Check only if there is NO Interested Party. | | | | | | : | | |
| UNSWORN DECLARATION | | | | | | | | |
| ONSWORN DECEARATION | | | | | | ŀ | | |
| My name is | | | and my date of bi | th is | | · | | |
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| My address is(street) | · | | | | | · | | |
| (sueer) | | (city) | (state | e) (zíp | code) | (country) | | |
| I declare under penalty of perjury that the foregoing is true | and correct. | | | | | - | | |
| Executed in | County, Sta | te of | on the | day of | | . 20 | | |
| | | | , on the | | (month) | _, 20 (year) | | |
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| | Sig | nature of authoriz | ed agent of contra | cting busine | ess entity | | | |
| orms provided by Tayas Ethics Commission | 14 m 1 o 1 o 1 o 1 o 1 o 1 | lala de la | (Declarant) | | | \(\(\) 0 0 0 744 | | |

| | CERTIFICATE OF INTERESTED PARTIES | | | | FORM 1295 | | |
|---|---|--|------------------|---|-----------------------------|--|--|
| _ | | | | | 1 of 1 | | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | | Certificate Number: 2018-426709 | | | |
| | The Grounds Guys Brownsville, TX United States | | | Date Filed: 11/19/2018 | | | |
| 2 | being filed. | | | 18 | | | |
| | | | | nowledged: | | | |
| 3 | Provide the Identification number used by the governmental enti- description of the services, goods, or other property to be provid 11-18-S07-101 | | the contr | act, and prov | ilde a | | |
| | Service Contract for Grounds Maintainance | | | | | | |
| 4 | | | | Nature of | | | |
| | Name of Interested Party | City, State, Country (place of busine | · — | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | Mynameis Waleed Kopara | | | | 2.1980 | | |
| | My address is 3390 Creek blood (street) | Growssulle T | Ale) | 85 <u>Z 6</u> (zip code) | , <u>USA</u> . (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | ı <i>.</i> | | | | | |
| | Executed in Halaso County | , State of TEXAS, on the | 2 <i>0</i> day d | of <u>Nover</u> (month) | }5≈20 <u>18</u> (year) | | |
| | | Mula Chart Signature of authorized agent of cont | raction to | vidne senie | | | |
| | | Engliature of authorized agent of cont | រដ្ឋមហ្គារ | anicas entity | | | |

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: 2019-444060 International Museum of Art & Science McAllen, TX United States Date Filed: 01/22/2019 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 01/23/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 09-18-NBI23-01 Sponsorship of Educational Programming Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ **6 UNSWORN DECLARATION** _____, and my date of birth is _____ My name is ____ My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______, on the _____day of _ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-444060 International Museum of Art & Science McAllen, TX United States Date Filed: 01/22/2019 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. 09-18-NBI23-01 Sponsorship of Educational Programming 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** Adrian De Anda , and my date of birth is <u>May 5 1978</u> My address is (state) I declare under penalty of perjury that the foregoing is true and correct. ______County, State of Texas on the 22 day of January , 20

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.28ab6150

| | CERTIFICATE OF INTERESTED PARTIES | | 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 | Name of business entity filing form, and the city, state and country of the business entity's place of business. silsbee ford | 201 | Certificate Number: 2018-429058 | | | |
| _ | SILSBEE, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: 11/29/2018 | | | |
| | being filed. 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. 11-18-P08-68 2019 POLICE PACKAGED VEHICLES | entify the o | contract, and pro | vide a | | |
| 4 | Name of Interested Party City, State, Country (place of b | usiness) | Nature of Interest (check applicable) Controlling Intermedian | | | |
| DO | DNALSON, DREW SILSBEE, TX United States | | X | Intermedialy | | |
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| 5 | Check only If there is NO Interested Party, | | | | | |
| ; | UNSWORN DECLARATION | | _ | | | |
| | My name is A Glew Ancolle, and my da | te of blith i | 16 <u>3-21</u> | -58 | | |
| | My address is 1211 U.S. Hangle V.S. ISBy (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. Executed In | 1h029 | day of (month) | , 20 <u></u> | | |
| | (a) Dale | Que | ار | | | |
| | Signature of authorized agent o (Declarant) | f contractir | 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. 2018-429058 silsbee ford Date Filed: SILSBEE, TX United States 11/29/2018 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 02/05/2019 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. 2019 POLICE PACKAGED VEHICLES Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х SILSBEE, TX United States DONALSON, DREW 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION __, and my date of birth is _ My name is ____ My address is ___ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _______, on the ____day of ______, on the ____day of ______, (month) Signature of authorized agent of contracting business entity (Declarant)

| CERTIFICATE OF INTERESTED PAR | RTIES | | FOF | RM 1295 | | |
|--|--|---|----------------------------------|---------------------|--|--|
| | | | | 1 of 1 | | |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | 1 | FFICE US | E ONLY OF FILING | | |
| 1 Name of business entity filing form, and the city, state and cou of business. GRAPEVINE DCJ, LLC GRAPEVINE, TX United States | intry of the business entity's place | Certificate Number; 2019-449281 Date Filed: | | | | |
| 2 Name of governmental entity or state agency that is a party to being filed. CITY OF MCALLEN | the contract for which the form is | | 02/06/2019 Date Acknowledged: | | | |
| Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 11-18-P08-68 PURCHASE OF POLICE VEHICLES | ntity or state agency to track or identif vided under the contract. | y the cont | ract, and pro | vide a | | |
| 4 Name of interested Party | City, State, Country (place of busin | | (check a | f interest | | |
| BUEHLMAN, BRANDON | GRAPEVINE, TX United States | | Controlling | Intermediary | | |
| | | | | | | |
| 5 Check only if there is NO Interested Party. | | | | | | |
| My name is | and any clota of | hirth ie | 5-10-58 | | | |
| My address is 260, William Tate (sheet) | | | | | | |
| Lideclare under penalty of pergury that the foregoing is true and correct Countries of Countries | nty, State of RAND, on the | <u>f</u> n∠day | of february (month) | 20 <u>15</u> . | | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of Guilborized agent of contracting business entity (Declarant)

Version V1.1.28ab6150

| | CERTIFICATE OF INTERESTED PAR | TIES | | FOR | м 1295 |
|---|---|--|----------------------|----------------------|-------------------|
| | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | FFICE USE | ONLY OF FILING |
| 1 | of business. | ntry of the business entity's place | Certifica 2019-44 | ite Number: 19281 | |
| | GRAPEVINE DCJ, LLC GRAPEVINE, TX United States | | Date File | | |
| 2 | Name of governmental entity or state agency that is a party to ti being filed. | he contract for which the form is | 02/06/20 | 019 | |
| | CITY OF MCALLEN | | Date Act 02/07/20 | knowledged: 019 | |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provi | tity or state agency to track or identify ided under the contract. | the contr | ract, and prov | ride a |
| | 11-18-P08-68 PURCHASE OF POLICE VEHICLES | | | | |
| 4 | | | | Nature of | |
| • | Name of Interested Party | City, State, Country (place of busin | · ⊢ | (check ap | |
| _ | | CDADENINE TVI Initial Chates | | controlling , | Intermediary |
| | JEHLMAN, BRANDON | GRAPEVINE, TX United States | × | ` | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | , |
| | My name is | , and my date of | oirth is | | |
| | My address is(street) | (city) (st | ate) | (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 |
| | | | | (monih) | (year) |
| | | Signature of authorized agent of con (Declarant) | tracting bu | isiness entity | |

FORM **1295**

| | | | | | 1013 |
|---|--|---------------|-------------------|---------------------|---------------------------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USI | and the second second |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's of business. | place | Cerrit | icate Number: | |
| | Progressive Emergency Products LLC | į | | -450 <u>0</u> 77 | |
| 2 | Boome, TX United States Name of governmental entity or state agency that is a party to the contract for which the for | em le | Date (02/07 | Filed: 7/2019 | |
| | being filed. Gity of McAllen | | | eta et | |
| | ON MCAIGH | i | Date / | Acknowledged: | |
| į | description of the services, goods, or other property to be provided under the contract, | or identity | the co | ntract, and pro | vide a |
| | 01-19-P18-01 Zumro Emergency Shelter Mdl 600 with accessories | | | | |
| 4 | Name of Interested Party City, State, Country (plant | | | | l interest |
| | Name of Interested Party City, State, Country (place | e of busine | 55) | (check ap | plicable) Intermediary |
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| | Check only if there is NO Interested Party. | | | | |
| ١ | UNSWORN DECLARATION | | | . / | , . |
| ł | My name is <u>JEPAEAY A COULNS</u> , and m | y date of bi | rith is_ | 11/06/ | 1960 |
| 1 | My address is // MATTICK LANK (street) (City) | | 9) | 28006 (xig code) | (country) |
| İ | I declare under penalty of periory that the foregoing is true and correct | | | | |
| į | Executed in KENONU. County, State of TEXAS | on the | Z da | y of FB/(HAM) | |
| | Poll Collin. | | | (mònth) | (yéán |
| | Signature of authorized age (Dézari | in) of contra | ctmp b | usiness entity | |
| | to the contract of the contrac | | | | |

FORM 1295

| • | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE | |
|---|---|--|------------|---------------------------|---------------------------------------|
| | Name of business entity filing form, and the city, state and count of business. Progressive Emergency Products LLC | try of the business entity's place | 4 | cate Number: 450077 | |
| | Boerne, TX United States | | Date F | Filed: | |
| | Name of governmental entity or state agency that is a party to th being filed. | e contract for which the form is | 02/07 | /2019 | |
| | City of McAllen | | | Acknowledged: | |
| | | | 02/08 | | |
| 3 | Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided | ty or state agency to track or identify led under the contract, | the co | ntract, and prov | ide a |
| | 01-19-P18-01 Zumro Emergency Shelter Mdl 600 with accessories | | | | |
| 4 | | | T | Nature of | |
| • | Name of Interested Party | City, State, Country (place of busin | ess) | (check app Controlling | plicable) Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is _ | | · · · · · · · · · · · · · · · · · · · |
| | | | | | |
| | My address is(street) | (city) (st | ' late) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | 1. | | | |
| | Executed inCounty | /, State of, on the _ | da | ay of | , 20 |
| | | | | (month) | (year) |
| İ | | Signature of authorized agent of con (Declarant) | tracting | business entity | |
| | | (Deciaran) | | | |

| L | | | | | 1 of 1 | |
|-----------|--|---|----------|---------------------------------------|-------------------------------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and cour of business. 5 Star GC Construction LLC Mission, TX United States | ntry of the business entity's place | 2018 | ificate Number: 3-408647 Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | a party to the contract for which the form is 09/27/2018 Date Acknowledged: | | | | |
| 3 | Provide the identification number used by the governmental endescription of the services, goods, or other property to be provi 09-18-C35-336 IFB Bicentennial Hike & Bike Trail Re-Bid | tity or state agency to track or identify ided under the contract. | the c | ontract, and pro | vide a | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ap | pplicable) | |
| | | | | Controlling | Intermediary | |
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| - | Check only if there is NO Interested Party. | L | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is <u>Alan Oakley</u> | , and my date of b | oirth is | 12/15/195 | 55 | |
| | My address is 3209 Melody Lane (street) | , Mission , T | | 78574 (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | ot. | | | | |
| | Executed in Hidalgo Count | y, State of $\overline{\text{Texas}}$, on the 2 | .7th a | ay of <u>Septemb</u> (month) | <u>e</u> ς 20 <u>18</u> . (year) | |
| | | Signature of authorized agent of contraction (Octobria) | acting | business entity | | |
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FORM **1295**

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|---|--|--------------|-------------------|-----------------------------------|-----------------|---------------------------|----------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties | es. | | | CEF | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and of business. | country of | the business en | (E) (E) | | ficate Number: -408647 | |
| | 5 Star GC Construction LLC | | | | | | |
| 2 | Mission, TX United States Name of governmental entity or state agency that is a party | v to the cor | tract for which t | he form is | Date 09/27 | Filed: 7/2018 | |
| - | being filed. | y to the con | mact for winer t | | | | |
| | City of McAllen | | | | | Acknowledged: 8/2019 | |
| 3 | Provide the identification number used by the governmenta | al entity or | state agency to | | | | ide a |
| 3 | description of the services, goods, or other property to be | provided u | nder the contrac | t. | ine co | miraci, and pro- | nue a |
| | 09-18-C35-336 | | | | | | |
| | IFB Bicentennial Hike & Bike Trail Re-Bid | | | | | | |
| 4 | | | _ | | | Nature of | BUTTHER STATE OF THE |
| | Name of Interested Party | City | , State, Country | (place of busine | ss) | (check ap | |
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| | Check only if there is NO Interested Party. | | | | | | |
| | X | | | | | | |
| | UNSWORN DECLARATION | | | | | | |
| | My name is | | | and my date of bir | rth is _ | | |
| | | | | | | | |
| | My address is(street) | | 7.11.5 | | , | | |
| | (Street) | | (city) | (state | 9) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and co | orrect. | | | | | |
| | Executed inC | ounty, Stat | e of | , on the | da | y of | _, 20 |
| | | | | | | (month) | (year) |
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| | | Cia | nature of outbor! | ad agent of sent | otio -: 1 | woiness settle | |
| | | Sigi | | ed agent of contra (Declarant) | cung t | ousiness entity | |

CERTIFICATE OF INTERESTED PARTIES 1 of 1 Complete Nos. 1 - 4 and 6 if there are Interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2018-420130

CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Access Esperanza Clinics Inc. Date Filed: Edinburg, TX United States 10/29/2018 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 Health care services to low income women. Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Х McAllen, TX United States Access Esperanza Clinics Inc. 5 Check only if there is NO interested Party. 6 UNSWORN DECLARATION and my date of birth is 04/19/1952 My name is Patricio C Gonzales My address is 916 East Hackberry Avenue Texas 78501 Hidalgo McAllen (state) (country) (zip code) I declare under penalty of perjury that the foregoing is true and correct. _County, State of Texas Executed in Hidalgo

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** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2018-420130 of business. Access Esperanza Clinics Inc. Date Filed: Edinburg, TX United States 10/29/2018 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 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 Health care services to low income women. Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х McAllen, TX United States Access Esperanza Clinics Inc. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** __ and my date of birth is _ My name is __ My address is __ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct, ________County, State of _______, on the ____day of _____ Executed in _ (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: of business. 2018-410403 Amigos Del Valle, Inc. Edinburg, TX United States Date Filed: 10/03/2018 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. Salary compensation for staff excluding fringe benefits at Las Palmas Community Center 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 LETANDRO _, and my date of birth is USA MISSFON My address is I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in _ Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-410403 Amigos Del Valle, Inc. Edinburg, TX United States Date Filed: 10/03/2018 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 10/26/2018 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Salary compensation for staff excluding fringe benefits at Las Palmas Community Center Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is _ _____, and my date of birth is _____

Forms provided by Texas Ethics Commission

(street)

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

My address is _

Executed in ___

www.ethics.state.tx.us

(city)

(state)

Signature of authorized agent of contracting business entity (Declarani)

(zip code)

(month)

Version V1,0,6711

(country)

(year)

| ļ | CERTIFICATE OF INTERESTED PART | NES | FOI | RM 1295 |
|---|---|--|------------------------------------|----------------------------|
| L | | | · | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE US CERTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and countr of business. | ry of the business entity's place | Certificate Number: 2019-440246 | |
| | Boys & Girls Club of McAllen, Inc. McAllen, TX United States | | Date Filed: | |
| 2 | being filed. | contract for which the form is | 01/10/2019 | |
| | 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 CD8G2018 Community Development Block Grant | y or state agency to track or identify ed under the contract, | the contract, and pro | ovide a |
| _ | Osmalany Potential Colon Colon | ······································ | Bladian | |
| 4 | Name of Interested Party | City, State, Country (place of busine | 4 | of Interest opplicable) |
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| 5 | Check only if there is NO interested Party. | | | |
| 6 | UNSWORN DECLARATION | | | , |
| | My name is dalinda alcantror | , and my date of h | irth is <u>septemb</u> | 21 23,2018 |
| | My address is 1502 Hnuk Cucle (street) | - Mc a16 - To (oity) (sta | 11e) (zip code) | , USA. (country) |
| | I declare under penalty of perjury that the foregoing is true and correct, | | | |
| | Executed in Lichalso County, | State of Twas on the | 10 day of Janua | . 20 19 . |
| | | 1 1 | / (month) | (year) |
| | | | | |
| | | Signature of authorized agent of contr | acting business entity | } |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2019-440246 of business. Boys & Girls Club of McAllen, Inc. Date Filed: McAllen, TX United States 01/10/2019 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 01/25/2019 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. CDBG2018 Community Development Block Grant Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. \boxtimes 6 UNSWORN DECLARATION ____, and my date of birth is ___ My name is ___ My address is _____ (state) (zip code) (country) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. _______County, State of _______, on the ____day of _ Executed in __ (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.28ab6150

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2018-410301 of business. Catholic Charlties of the Rio Grande Valley, Inc. San Juan, TX United States' Date Filed: 10/02/2018 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. B-18-MC-48-0506 **HOMELESS SERVICES** Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary 5 Check only if there is NO Interested Party. \mathbf{x} **6 UNSWORN DECLARATION** and my date of birth is <u>00 01 1953</u> My address is I declare under penalty of perjury that the foregoing is true and correct. JOHN DE LEON ID #7522308 Commission Expires

Forms provided by Texas Ethics Commission

January 29, 2020

www.ethics.state.tx.us

Version V1.0.6711

Signature of authorized agent of contracting business entity (Declarant)

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** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2018-410301 Catholic Charities of the Rio Grande Valley, Inc Date Filed: San Juan, TX United States 10/02/2018 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 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 HOMELESS SERVICES Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION _____, and my date of birth is _ My name is_ My address is _ (street) I declare under penalty of perjury that the foregoing is true and correct. ____County, State of _____ __, on the ____ Executed in _ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

| | CERTIFICATE OF INTERESTED PARTIES | | FOR | м 1295 |
|---|--|--------------|----------------------------|---------------------------|
| _ | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CEI | OFFICE USE RTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | ficate Number:)-438391 | · |
| | Community HopeProjects Inc McAllen, TX United States | | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | | 7/2019 | |
| | McAllen CDBG | Date | Acknowledged: | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or iden description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 | lify the c | ontract, and pro | /ide a |
| _ | Medicał Services | | | |
| 4 | . Name of interested Party City, State, Country (place of but | ringes) | Nature of | |
| | . Ivame of interested Party City, State, Country (place of but | sinessj | (check ap Controlling | Intermediary |
| _ | | | Controlling | intermediary |
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| 5 | Check only if there is NO interested Party. | | | |
| 3 | UNSWORN DECLARATION | | 11/1 | 2 |
| | My name is | of birth is | 8111 | 978. |
| | My address is 333 (street) MANAY (city) | (slate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | |
| | Executed in Hidalgo County, State of Texas, on the | 16 <u>/5</u> | tay of Jan (month) | , 20 <u>_/9</u> (year) |
| | DITTU HEDMANDEZ | | 0 | • • |
| | RUTH HERNANDEZ Notary Public, State of Texas My Commission Expires Signature of authorized agent of a (Declarent) | Contracting | p business entity | |

Forms provided by Texas Lithies Commission

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Version V1.0.6711

FORM **1295**

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|---|--|--|--------------------------|---------------|-----------------|
| L | Name of business entity filing form, and the city, state and count of business. | ry of the business entity's place | Certificate 2019-4383 | | |
| | Community HopeProjects Inc McAllen, TX United States | | Date Filed: | | |
| • | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 01/07/2019 |) | |
| | McAllen CDBG | | Date Ackno | wledged: | |
| | | | 01/25/2019 | } | |
| } | 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 contrac | t, and provid | le a |
| | B-18-MC-48-0506 | | | | |
| | Medical Services | | | | |
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| ŀ | Name of Interested Party | City, State, Country (place of busine | | (check app | |
| _ | | | Con | trolling I | ntermediary |
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| ļ | Check only if there is NO Interested Party. | | | | |
| , | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | | · |
| | | | | | |
| | My address is | (city) (st | ate) (z | ip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | |
| | Executed inCount | y, State of, on the | day of | (month) | _, 20 (year) |
| | | | | (MANUTY) | (Joan) |
| | | Signature of authorized agent of con (Declarant) | tracting busir | iess entity | |
| _ | rme provided by Toyac Ethics Commission www.et | ···· | | Versi | on V1.0.6711 |

| CERTIFICATE OF INTERESTED PAR | TIES | FO | RM 1295 |
|---|--|------------------------------------|--------------------------|
| | | | 1 of 1 |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE US CERTIFICATIO | |
| Name of business entity filing form, and the city, state and coun of business. | try of the business entity's place | Certificate Number: 2018-409664 | |
| C.A.M.P. University McAllen, TX United States | | Date Filed: | |
| Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 10/01/2018 | |
| City of McAllen Community Development Block Grant | | Date Acknowledge |): |
| 3 Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid B-18-MC-48-0506 | ded under the contract. | | |
| Provide Dayhab activities for special needs adults to continue | e developing life and social skills aft | er graduating high s | ichool. |
| 4 | | | of Interest |
| Name of Interested Party | City, State, Country (place of busin | ess) (check: | applicable) Intermediary |
| Bravo, Tatiana | McAllen, TX United States | | |
| Sasser, Abby | McAllen, TX United States | х | |
| Sasser, Ford | McAllen, TX United States | х | |
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| | | | <u> </u> |
| | | | |
| 5 Check only if there is NO interested Party. | | , | |
| 6 UNSWORN DECLARATION | | | , |
| My name is Pamela Voss | , and my date of | birth is 06/22 | 1956 |
| My address is 1611 Crown Pointe Blud. | Mission T | X 78572 | <u>u.s.A.</u> |
| (street) | (city) (s | tate) (zip code) | (country) |
| I declare under penalty of perjury that the foregoing is true and correc | et. | | |
| Executed in HidalgoCount | y, State of Texas on the | day of Octo | ber 20 18. |
| | M. M. 46. | (via | |
| | Signature of authorized agent of con (Declarant) | tracting business entit | у |
| Forms provided by Texas Ethics Commission www.et | hics.state.tx.us | V | ersion V1.0.6711 |

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. 2018-409664 C.A.M.P. University McAllen, TX United States Date Filed: 10/01/2018 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen Community Development Block Grant 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 Provide Dayhab activities for special needs adults to continue developing life and social skills after graduating high school. Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary McAllen, TX United States Х Bravo, Tatiana McAllen, TX United States Sasser, Abby McAllen, TX United States Х Sasser, Ford 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** ____, and my date of birth is My name is_ My address is _ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct.

Forms provided by Texas Ethics Commission

Executed in

www.ethics.state.tx.us

_____, on the __

Signature of authorized agent of contracting business entity (Declarant)

____County, State of ___

Version V1.0.6711

FORM 1295

| | Complete 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. McAllen Food Pantry Inc P.O. Box 5413 McAllen, TX United States | try of the business entity's place | 2018 | ficate Number: -419014 Filed: | · | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. McAllen Food Pantry Inc | e contract for which the form is | 10/25/2018 Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid B-16-MC-48-0506 Purchase raw food | ty or state agency to track or identify led under the contract. | the co | ontract, and pro | vide a | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | | | |
| | | | | Controlling | Intermediary | |
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| | | <u></u> | * | | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| - | UNSWORN DECLARATION My name is JORQUIN CAUAZOS | and my date of | birth is | 4-20 | -45 | |
| | My name is JOAQUIN CAUAZOS My address is 2512 SWALLOW AUE (street) | MEALLEN To | Late) | 78564 (zip code) | USA. | |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in | ot. by, State of <u>TEXAS</u> , on the | 25° | cday of <u>DC</u> , (month) | , 20 <u>/8</u> . (year) | |
| | <u>S</u> too | 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** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2018-419014 McAllen Food Pantry Inc P.O. Box 5413 McAllen, TX United States Date Filed: 10/25/2018 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Food Pantry Inc 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-16-MC-48-0506 Purchase raw food 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 __ ____, and my date of birth is My address is _ (street) (city) (state) (zip code) (country)

Forms provided by Texas Ethics Commission

Executed in _

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

www.ethics.state.tx.us

____County, State of __

Version V1.0.6711

(year)

(month)

Signature of authorized agent of contracting business entity (Declarant)

| | CERTIFICATE OF INTERESTED PARTI | E9 | | FOR! | и 1295 |
|-------|--|--|---------------------|-------------------------------|-------------------------------|
| | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are Interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested parties. | | | OFFICE USE | . |
| 1 | Name of business entity filing form, and the city, state and country of the business. | e business entity's place of | Certifica 2019-4 | ate Number: 138654 | |
| | Silver Ribbon Community Partners Mcallen, TX United States | | Date Fil | ed: | |
| 2 | Name of governmental entity or state agency that is a party to the controlled. | act for which the form is being | 01/07/2 | 2019 | |
| | Silver Ribbon Community Partners | | Date Ad | knowledged: | |
| 3 | Provide the identification number used by the governmental entity or sta services, goods, or other property to be provided under the contract. | ate agency to track or identify the cor | htract, and | l provide a desc | ription of the |
| | B-18MC-48-0506 Provides financial assistance to elderly (65+) and disabled(18+) equip, medical expenses (dental, hearing, vision, prescriptions) |) with rent/rent deposits, utilities/ | utility dep | posits, small n | nedicai |
| 4 | | | | | interest |
| | Name of Interested Party | City, State, Country (place of busin | ess) | Controlling | plicable) Intermediary |
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| 5 | Check only if there is NO interested Party. | | | | |
| 3 | UNSWORN DECLARATION | | | | |
| | My name is Migdalia Ochoa | , and my date of | of birth is _ | 05/10/65 | • |
| | My address is 1201 W Esperanza | | Cexas, | 78501 (zip code) | USA |
| | | , ,, | /-14.nl | frih sonel | (400m) |
| | I declare under penalty of perjury that the foregoing is true and correct. | _ | 07 | . ! | • m. • • - |
| | Executed In Hidalgo County, | , State of Texas , on th | e <u>07</u> da | ay of <u>Janua</u> (month) | 3[V, 20 <u>19</u> . (year) |
| | <u> </u> | alahra | | *** | |
| | | Signature of authorized agent of co (Declarant) | ontracting | business entity | |

www.ethics.state.tx.us

Version V1,0,6711

Forms provided by Texas Ethics Commission

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. 2019-438654 Silver Ribbon Community Partners Mcallen, TX United States Date Filed: 01/07/2019 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Silver Ribbon Community Partners 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18MC-48-0506 Provides financial assistance to elderly (65+) and disabled(18+) with rent/rent deposits, utilities/utility deposits, small medical equip, medical expenses (dental, hearing, vision, prescriptions) 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 My name is My address is ___ (state) (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. __County, State of _ _____, on the ____

Signature of authorized agent of contracting business entity (Declarant)

(year)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-416146 United Way of South Texas McAllen, TX United States Date Filed: 10/18/2018 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. Transportation Vouchers Nature of Interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary McAllen, TX United States Blanca, Villalobos McAllen, TX United States Х Alma, Ortega - Johnson McAllen, TX United States X Elvira, Alonzo 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is

Executed in

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

nature of authorized agent of (Declarate) contracting business entity

FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2018-416146 United Way of South Texas McAllen, TX United States Date Filed: 10/18/2018 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 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-480506 Transportation Vouchers Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Blanca, Villalobos McAllen, TX United States Х McAllen, TX United States Х Alma, Ortega - Johnson McAllen, TX United States Х Elvira, Alonzo 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is_ My address is (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. ____County, State of _ _____, on the ____day of _ Executed in ___ Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

| CERTIFICATE OF INTERESTED PARTIES | | FOR | м 1295 | | | |
|---|------------------------------------|---|------------------------|--|--|--|
| · · · · · · · · · · · · · · · · · · · | | | 1 of 1 | | | |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CEI | OFFICE USE ONLY CERTIFICATION OF FILIN | | | | |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. | Certificate Number: 2019-438352 | | | | | |
| Easter Seals Rio Grande Valley | . | | | | | |
| McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is | | Date Filed: 01/07/2019 | | | | |
| being filed. Easter Seals Rio Grande Valley | Date | Acknowledged: | | | | |
| Provide the identification number used by the governmental entity or state agency to track or idescription of the services, goods, or other property to be provided under the contract. B-18-MC-48-0606 Therapy services for low income McAllen residents | entify the c | ontract, and pro | vide a | | | |
| | | Nature o | of interest | | | |
| Name of Interested Party City, State, Country (place of busing | | (check applicable) | | | | |
| | | Controlling | Intermediar | | | |
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| Check only if there is NO Interested Party. UNSWORN DECLARATION | | | | | | |
| | | | | | | |
| My name is Patricia. To scalured., and my di | ate of birth is | s_ <i>3-13-5</i> | 56) | | | |
| My address is 1217 W. Hillisman Ally. RUALLED | . W . | 18501 | . IISA | | | |
| My address is 1217 W. HVISTON Ave. MIAILED (city) 3505 LOS Indias Partway Nission | (state) | 7,8501 (zip code) | (country) | | | |
| 3505 LOS Indicis Partway Russian 1 declare under penalty of perjury that the foregoing is true and correct. | 71 | 18571 | · USA | | | |
| Executed in /////go | n the <u>7</u> | day of <u>Jaņu a</u> (month) | 74 . 20 19 . (year) | | | |
| $\Omega \sim \mathbb{R}^2$ | | | | | | |
| - Hapuna Rope | his | · · · · · · · · · · · · · · · · · · · | | | | |
| (Declarant | of contractir } | of contracting business entity | | | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-438352 Easter Seals Rio Grande Valley McAllen, TX United States Date Filed: 01/07/2019 Name of governmental entity or state agency that is a party to the contract for which the form is Easter Seals Rio Grande Valley Date Acknowledged: 01/25/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-18-MC-48-0506 Therapy services for low income McAllen residents 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 My name is_ My address is ____ (state) (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. __County, State of ___ Executed in _ ____, on the _

Signature of authorized agent of contracting business entity (Declarant)

Acura 460 1295 2/12/19... RS

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|--|--|---|------------------|---|---|---------------------------------------|--|--|
| 1 | of business. Curry Supply Co. | | | Certificate Number: 2019-451492 Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which th | e form is | 02/12/2019 | | | | |
| | being filed. The City of McAllen | | | Date Acknowledged: | | | | |
| | , | | | | | | | |
| Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-18-P07-82 | | | | | | | | |
| | Item No.SB: (Alternate Bid) Two (2) 2019 19,000 GVW extend w/PTO & hydraulic pump | ed cab & chassis (D | RW, 2wd, dies | el) w/: | 3-4 cubic yard | dump body | | |
| 4 | | | | | | f interest | | |
| | Name of Interested Party | City, State, Country (place of business | | | (check ar | pplicable) Intermediary | | |
| Cı | rry Supply Co. | Deer Park , TX United States | | | X | , months and y | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | _ | | | | | | |
| | _{My name is} <u>John Christopher Wilson</u> | ,· | and my date of b | irth is | 12/27/198 | <u>1</u> | | |
| | My address is 20799 Oakhurst Creek Dr. | Porter | | | 77365 | USA | | |
| | (street) | (city) | (sta | ite) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed inCounty, | State of Texas | , on the _ | 12 _d | ay of Februar | <u>γ</u> , ₂₀ 19 (year) | | |
| | | | .C. Will | | | | | |
| | | Signature of authoriz | | | | | | |
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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 | | | | | | |
| (| Name of business entity filing form, and the city, state and country of the business entity's place of business. Curry Supply Co. Deer Park, TX United States | | | | Certificate Number: 2019-451492 | | | | |
| | Deer Park, TX Onlied States Name of governmental entity or state agency that is a party to th | e contract for which the form | | Date Filed: 02/12/2019 | | | | | |
| ł | rhe City of McAllen | .5 | Date Acknowledged: 02/12/2019 | | | | | | |
| - c : ! | description of the services, goods, or other property to be provided under the contract. 11-18-P07-82 Item No.SB: (Alternate Bid) Two (2) 2019 19,000 GVW extended cab & chassis (DRW, 2wd, diesel) w/3-4 cubic yard dump body | | | | | | | | |
| 4 | w/PTO & hydraulic pump Name of Interested Party | City, State, Country (place o | of busines | 1 | of interest | | | | |
| | · | | | Controlling | Intermediary | | | | |
| Cur | ry Supply Co. | Deer Park , TX United Sta | ates . | × | | | | | |
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| 5 (| Check only if there is NO Interested Party. | | | | | | | | |
| 6 L | JNSWORN DECLARATION | | | | | | | | |
| ٨ | My name is | , and my | date of bir | th is | · | | | | |
| ٨ | My address is(street) | ,(city) | , (state | ,, (zip code) | (country) | | | | |
| ì | declare under penalty of perjury that the foregoing is true and correct | | • | • | •• | | | | |
| | | y, State of | on the | | | | | | |
| | | | | (month) |) (year) | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | | |

1295 Fran Acrown Edges 2/12/19 ... 123

| | CERTIFICATE OF INTERESTED PART | TIES | | FOR | м 1295 | | |
|----------|---|--|-------------------|---|----------------------------|--|--|
| <u> </u> | | | r | | 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. silsbee ford | | | Certificate Number: 2018-427545 | | | |
| | SILSBEE, TX United States | | | 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 | | | 11/23/2018 Date Acknowledged: | | | |
| 3 | Provide the identification number used by the governmental enti | the co | ontract, and prov | /ide a | | | |
| | description of the services, goods, or other property to be provided 11-18-P07-82 PURCHASE OF 32 NEW 2019 VEHICLES | ded under the contract. | | | | | |
| | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ap | | | |
| | Name of interested Faily | Ony, State, Country (place of busine | 633) | Controlling | Intermediary | | |
| D | DNALSON, DREW | SILSBEE, TX United States | | × | , | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | Z - 21 | C 02 | | |
| | My name is SIEN May Plan | and my date of | birth is | | <u>, - 36</u> . | | |
| | My address is 1011 W.S. Surgery (street) |) SISBER (st | ate) | (zip code) | , <u>US</u> . (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | . سببسد | ^ ^ | \ \ \ | 10 | | |
| | Executed in County | y, State of, on the | ላ <u>ጋ</u> , | day of(month) | , 20 | | |
| | | Dal en | ر) | LL, | | | |
| | | Signature of authorized agent of con (Declarant) | tragtin | 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. 2018-427545 SILSBEE, TX United States Date Filed: 11/23/2018 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 02/12/2019 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PURCHASE OF 32 NEW 2019 VEHICLES Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary SILSBEE, TX United States DONALSON, DREW 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) (country) (street) (zip code) I declare under penalty of perjury that the foregoing is true and correct. County, State of _____, on the ____ Executed in (year)

Signature of authorized agent of contracting business entity (Declarant)

1295 FORM ACKNOWLEDGED 2/12/19-125

CERTIFICATE OF INTERESTED PARTIES

| | | | | | 1 of 1 | | |
|---|--|----------------------------------|---------------|---------------------------------|--------------------------|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | OFFICE USE | I | | |
| | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | _ | RTIFICATION | OF FILING | | |
| 1 | | | | Certificate Number: 2018-429339 | | | |
| | Four Stars Ford | | 2010 | 2010 42000 | | | |
| | | | | Filed: 9/2018 | | | |
| 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 | Acknowledged: | | | | | |
| 3 | Provide the identification number used by the governmental entity or s | tate agency to track or identi | fy the c | ontract, and pro | vide a | | |
| | description of the services, goods, or other property to be provided under the contract. | | | | | | |
| | 11-18-P07-82 Purchase of Thirty-Two (32) New 2019 Vehicles | | | | | | |
| | | | | | | | |
| 4 | Name of Interested Party City, | State, Country (place of bus | iness1 | | f interest oplicable) | | |
| | 5.0, | | , | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is <u>Ruben Sourtang</u> | and my date o | of birth is | 8-3-197 | 2/ | | |
| | My address is 5/20 T, mbertark Dr | Flower Mound. | TX. | 75028 | <u>us</u> 1 | | |
| | (street) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in | e of Texas, on the | 2912 | day of Navau | bar. 2018. | | |
| | 7, | | | (month) | (year) | | |
| | | 1/ 1/ 1 | _ | | | | |
| | Sinu | nature of authorized agent of co | ontractin | a business entity | | | |
| | (Declarant) | | | | | | |

| L | | | | | | 1 of 1 | |
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| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | 0 | FFICE USE | ONLY | |
| | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | try of the business e | ntity's place | Certificate Number: 2018-429339 | | | |
| | Four Stars Ford | | | | | | |
| | Jacksboro, TX United States | | Al. a factor | Date Fil 11/29/2 | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which | tne form is | T71 7217 | .010 | | |
| | City of McAllen | | | Date Ac 02/12/2 | knowledged: 1019 | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi | | | the cont | tract, and prov | vide a | |
| | 11-18-P07-82 | | | | | | |
| | Purchase of Thirty-Two (32) New 2019 Vehicles | | | | | | |
| _ | | I | | | Nature of | interest | |
| 4 | Name of Interested Party | City, State, Country | / (place of busine | · · | (check ap | | |
| | | | | - (| Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
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| | My name is | | , and my date of t | oirth is | | | |
| | My address is | | | | | | |
| | My address is(street) | (cily) | (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 | dav | of | . 20 | |
| | | | | | (month) | (year) | |
| | | | | | | | |
| | | | | | | | |
| | | Signature of author | ized agent of cont (Declarant) | racting bu | usiness entity | | |
| | (Ceclaian) | | | | | | |

| | | | | | 1 of 1 | | |
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| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USE | 3 | | |
| 1 | of business. Trantex Transportation Products of Texas Inc. | | | Certificate Number: 2019-452038 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 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. 01-19-P22-01 Purchase of Two (2) Thermoplastic Premelter | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | Nature of (check ap Controlling | | | |
| | | - | | Controlling | memediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION My name is H. STEUEN NEISON | | | 9-1-5 | 7 | | |
| | My name is 11. STOCK TOCKS. My address is 3310 Frick Rd. | , and my date of | DIRTH IS | 77086 | USA | | |
| | (street) (city) (state) (zip code) (country) | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. Executed in Harris County, | State of 19405, on the | 13. | day of Felhruc | ary ₂₀ 19 | | |
| | Country, | Il Sun Oll | ر احر | (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. | | 1 | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and count of business. | try of the business entity's place | • | cate Number: 452038 | , |
| | Trantex Transportation Products of Texas Inc. Houston, TX United States | | Date F | iled: | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 02/13/ | /2019 | |
| | City of McAllen | | Date A 02/13/ | Acknowledged: /2019 | |
| 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 | ntract, and prov | ide a |
| | Project No. 01-19-P22-01 Purchase of Two (2) Thermoplastic Premelter | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ap | |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is _ | | · |
| | My address is(street) | ,,,,,,,,,,,,, | , ale) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | a. | | | |
| | Executed inCount | y, State of, on the | da | | _, 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of con (Declarant) | tracting | business entity | |
| | | 15555513 | | | |

| | CERTIFICATE OF INTERESTED PAR | | FOR | м 1295 | |
|---|---|--|------------------------------------|---------------------|-----------------|
| | · | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEI | OFFICE USE | I |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. The 5125 Company | | | Certificate Number: 2018-434693 | | |
| _ | Mission, TX United States | | 1 | Filed: 7/2018 | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | e contract for which the form is | | Acknowledged: | |
| 3 | Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided (HMGPDR-4223-014) Construction Services for Pecan Boulevard at North 27th Street | ded under the contract. | | | víde a |
| | | | | Nature o | finterest |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | | opticable) |
| | | · | | Controlling | Intermediary |
| Sc | ott, Homer | Mission, TX United States | | X | |
| Es | pericueta, Pat | Mission, TX United States | | Х | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name isPat Espericueta | , and my date of | birth is | 11/20/19 | 63 |
| | My address is2523 W. Rogers Road (street) | Edinburg T | X (ate) | 78541 (zip code) | , USA (country) |
| | , , | | atej | (Zip code) | (coorday) |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in Hidalgo Count | | 20th | Decem | ber 18 |
| | | lat Gor. | | (month) | (year) |
| | | Signature of authorized agent of con (Oeclarant) | tracting | business entity | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.6711

| | | | | | | 1 of 1 | | | |
|----|--|---|--|---|-----------------|---|--|--|--|
| , | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | - | | | OFFICE USE | | | | |
| 1 | Name of business entity filing form, and the city, state and count of business. The 5125 Company Mission, TX United States | try of the business er | tity's place | Certificate Number: 2018-434693 Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which t | he form is | 12/17/2018 | | | | | |
| | being filed. City of McAllen | Date Acknowledged: 02/18/2019 | | | | | | | |
| 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. (HMGPDR-4223-014) Construction Services for Pecan Boulevard at North 27th Street Drainage Improvements Project No. 12-18-C07-298 | | | | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of business) Nature of interest (check applicable) | | | | | | | |
| Sc | Scott, Homer Mission, TX United States | | | | Controlling X | Intermediary | | | |
| | pericueta, Pat | Mission, TX Unite | d States | | x | | | | |
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| 5 | Check only if there is NO Interested Party. | | • | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | My name is | | and my date of b | oirth is _ | | · | | | |
| | My address is(street) | (city) | (sta | ' ate) | (zìp code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | | | |
| | Executed inCounty | /, State of | , on the _ | da | | , 20 | | | |
| | | | | | (month) | (year) | | | |
| | | Signature of authori | zed agent of cont (Declarant) | racting l | business entity | *************************************** | | | |

| CERTIFICATE OF INTERESTED PA | ARTIES | | FOR | м 1295 | |
|---|--|------------------|---|---------------------------------------|--|
| | | | | 1 of 1 | |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| Name of business entity filing form, and the city, state and of business. | country of the business entity's place | • | ficate Number; -450636 | | |
| Freightliner of Austin Austin, TX United States | | Filed: 8/2019 | | | |
| Name of governmental entity or state agency that is a party being filed. City of McAllen | to the contract for which the form is | | Acknowledged: | | |
| Provide the identification number used by the governmenta description of the services, goods, or other property to be p 02-19-P24-01 Truck | I entity or state agency to track or identi provided under the contract. | y the co | ontract, and pro | vide a | |
| Name of Interested Party | City, State, Country (place of busi | ness) | | interest | |
| | | | Controlling | Intermediary | |
| Hempel, Carlton | Austin, TX United States | | X | | |
| | 4400 Annual Annu | | | | |
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| Check only if there is NO Interested Party. | | | - | | |
| UNSWORN DECLARATION | | 44111 | / -> s^_ | 7 | |
| My name is 12 1 5 1 4 6 | and my date of | f birth is | 70-3 | - (2) | |
| My address is // / / / / / / / / / / / / / / / / | | state) | (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and o | correct. | | | | |
| Executed in Trapic | County, State of Javas on the | 8+3 | lay of <u>FoSco</u> (month) | /, 20 <u>/9</u> . (year) | |
| 7 | Signature of authorized agent of co | ntracting | business entity | | |
| orms provided by Texas Ethics Commission | w.ethics.state.tx.us | | Version ' | V1.1,28ab615 | |

FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | rties. | С | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
|----|---|---|---------------|--|----------------|--|--|
| 1 | Name of business entity filing form, and the city, state a of business. | nd country of the business entity's pla | | Certificate Number: 2019-450636 | | | |
| | Freightliner of Austin | | | | | | |
| 2 | Austin, TX United States | | | te Filed: /08/2019 | | | |
| 2 | Name of governmental entity or state agency that is a pabeing filed. | arty to the contract for which the form | | TOO! EO EO | | | |
| | City of McAllen | | | te Acknowledged: /18/2019 | | | |
| 3 | Provide the identification number used by the government description of the services, goods, or other property to be | | dentify the | contract, and prov | /ide a | | |
| | 02-19-P24-01 Truck | | | | | | |
| 4 | | | | Nature of | interest | | |
| - | Name of Interested Party | City, State, Country (place o | f business) | · • • • | | | |
| _ | · | | | Controlling | Intermediary | | |
| He | empel, Carlton | Austin, TX United States | | X | | | |
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| 5 | Check only if there is NO Interested Party. | | | ! | | | |
| 6 | UNSWORN DECLARATION | | - (- | | | | |
| | My name is | , and my | date of birth | is | . | | |
| | My address is | | | _, | , | | |
| | (street) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true a | nd correct. | | | | | |
| | Executed in | County, State of, | on the | day of (month) | , 20 (year) | | |
| | - | Signature of authorized agen (Declarar | t of contract | 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. | CEI | OFFICE USE | | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Development for Conservation, LLC Monona, WI United States | 2019 | Certificate Number: 2019-454271 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 | | 02/19/2019 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. 10-18-S39-01 Consulting help to organize fundraising for Quinta Mazatlan | ntify the co | ontract, and pro | vide a | | |
| 4 | Name of Interested Party City, State, Country (place of b | usiness) | | f interest oplicable) | | |
| - | | | Considering | | | |
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| | Check only if there is NO Interested Party. | | | | | |
| 6 | My name is Dowid & Allen and my dal | te of birth is | 12/13/ | <u> 1957</u> . | | |
| | My address is 608 W. Dean Ave Monona (street) (city) | , <u>W1</u> , (state) | 5 ⁻ 371((zip oode) | (country) | | |
| | Executed in | | | | | |
| | (Declarant) | · was in possible | | | | |

FORM **1295**

| | Complete 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. | Cert | Certificate Number: 2019-454271 | | | | | |
| | Development for Conservation, LLC | 201 | . | | | | | |
| | Monona, WI United States | | | e Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the form is | 02/1 | 19/2019 | | | | |
| | City of McAllen | | Date | e Acknowledged: | | | | |
| | | | | 19/2019 | | | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | | ify the d | contract, and prov | ride a | | | |
| | 10-18-S39-01 | | | | | | | |
| | Consulting help to organize fundraising for Quinta Mazatlan | | | | | | | |
| _ | | | | Nature of | interest | | | |
| 4 | Name of Interested Party | City, State, Country (place of bus | iness) | (check ap | | | | |
| | | | | Controlling | Intermediary | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | , and my date of | of birth i | 5 | · | | | |
| | My address is(street) | ,, | (state) | (zip code) | (country) | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | | | |
| | Everytad in County | , State of, on th | 0 | day of | , 20 . | | | |
| | Executed inCounty | , State UI, On th | <u> </u> | _cay or (month) | , 20 (year) | | | |
| | | | | ,, | | | | |
| | | | | | · | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | | |

FORM 1295

| | | | | | 1 of 1 |
|----|--|--|-----------------|------------------------------|----------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and country of business. VAMOS Mod No. TV United States | of the business entity's place | 2019 | icate Number: -446911 | |
| 5 | McAllen, TX United States Name of governmental entity or state agency that is a party to the | contract for which the form is | Date F 01/30 | -nea: //2019 | |
| ٤. | being filed. City of McAllen, CDBG | contract to which the form is | | 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 d under the contract. | the co | ntract, and prov | ide a |
| | V-18-MC-48-0506 Grant Funds | | | | |
| 4 | | | | Nature of | |
| | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | Intermediary |
| | | | | Controlling | intermediary |
| | | MA CONTRACTOR OF THE CONTRACTO | | | |
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| | | Managara and a same and a same and a same and a same a same a same a same a same a same a same a same a same a | | | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | · . |
| | My name is Month Club | and my date of | birth is | <u>9/11/9</u> | 5 |
| | My address is SUD N. NMN Jł. SWN 410 (street) | | tate) | (ebcc qiz) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. $\iint_{\mathbb{R}^n} d\mu \hat{h} dh$ | · /\/ | Ц | tal. | 10 |
| | Executed inCounty, | State of, on the | | day of <u>VVV</u> (month) | , 20 (year) |
| | · | | | • | |
| | | Signature of authorized agent of cor (Declarant) | itractin | g business entity | |

FORM 1295

| | | | | | | 1011 | |
|---|--|------------------------|-----------------------------------|---|----------------------|--------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and count of business. VAMOS | ry of the business en | ntity's place | Certifica 2019-44 | ite Number: 16911 | | |
| | McAllen, TX United States | | | Date File | ed: | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which t | the form is | 01/30/2 | | | |
| | being filed. City of McAllen, CDBG | | | | | | |
| | City of MicAllett, CDBG | | | 02/06/2 | knowledged: 019 | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided. | | | the cont | ract, and prov | ide a | |
| | V-18-MC-48-0506 | | | | | | |
| | Grant Funds | | | | | | |
| 4 | | | | | Nature of | interest | |
| 7 | Name of Interested Party | City, State, Country | (place of busin | · - | (check ap | | |
| | | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | | and my data of | hirth ic | | | |
| | my name is | | , and my date of | DITUT 15 | | * | |
| | 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 | dav | of | , 20 | |
| | | , | | | (month) | (year) | |
| | | | | | | | |
| | | | | ************************************** | | | |
| | | Signature of author | rized agent of con (Declarant) | tracting b | usiness entity | | |

| | CERTIFICATE OF INTERESTED PAR | TIES | FOR | м 1295 |
|---|--|---|------------------------------------|-------------------------------------|
| | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE US CERTIFICATION | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | try of the business entity's place | Certificate Number: 2018-428046 | |
| 2 | SAMES, INC. McAllen, TX United States Name of governmental entity or state agency that is a party to the | anning to the same in | Date Filed: 11/26/2018 | |
| - | being filed. City of McAllen | ie conjugat for which the form is | Date Acknowledged: | |
| 3 | Provide the Identification number used by the governmental enti- description of the services, goods, or other property to be provide Solicitation No. 11-18-S13-403 Surveying Services - 2018 | ity or state agency to track or identify ded under the contract. | the contract, and pro | vide a |
| 4 | Name of Interested Party | City, State, Country (place of busine | 1 | f interest oplicable) |
| _ | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | |
| 3 | UNSWORN DECLARATION | | | |
| | My name is Soul D. Moldonado | , and my date of b | oirth is 02 14 1 | 979 |
| | My address is 9113 N. 21th Street (street) | . McAller TX (sla | 18504 (zíp code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correc | | k.d | |
| | Executed in 1-hickoring County | y, State of <u>Texas</u> , on the <u>I</u> | 21 day of Mayem | <u>var</u> 20 <u>16</u> . (year) |
| | _~ | LQD MIL | <u> </u> | |
| | | Signature of authorized agent of contr (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 cour of business. | | Certificate Number: 2018-428046 | | |
| | SAMES, INC. | | | · · · · · | |
| | McAllen, TX United States | | | e Filed: | |
| 2 | | he contract for which the form is | 11/2 | 26/2018 | |
| | being filed. City of McAllen | | Date | e Acknowledged: | |
| | ory or moratori | | | 28/2019 | |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provided. | | ntify the c | contract, and prov | vide a |
| | Solicitation No. 11-18-S13-403 | | | | |
| | Surveying Services - 2018 | | | | |
| | | T | | Noture of | interec* |
| 4 | Name of Interested Party | City, State, Country (place of b | ISinece) | Nature of (check ap | |
| | o. meroseu i ary | (place of bi | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | 1 | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my dat | ə of birth i | is | , |
| | My address is(street) | (city) | , (state) | (zip code) | , (country) |
| | (Puser) | (OILY) | (अधार) | (Eib COGA) | (soundy) |
| | I declare under penalty of perjury that the foregoing is true and corre | ct. | | | |
| | Executed inCoun | ty, State of, on | the | _day of | , 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of (Declarent) | contractin | ng business entity | |
| | | | | | |

| | CERTIFICATE OF INTERESTED PAI | RTIES | | FOR | M 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. | | CER | RTIFICATION | OF FILING |
| 1 | Name of business entity filing form, and the city, state and co of business. | untry of the business entity's place | • | icate Number: -428067 | |
| | Salinas Engineering & Associates | | | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a party to | the contrast for which the form is | Date I 11/26 | Filed: 5/2018 | |
| _ | being filed. | the contract for which the form is | | | |
| | City of McAllen | • | Date / | Acknowledged: | |
| _ | Provide the identification number used by the governmental e | ontine or state agency to track or identific | the no | entract and avoi | ildo o |
| 3 | description of the services, goods, or other property to be pro | ovided under the contract. | me cu | mitaci, and prov | nue a |
| | 11-18-S13-403 | | | | |
| | Surveying Services | | | | |
| 4 | | | | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | |
| | | | | Controlling | Intermediary |
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| | (4) | | 1 | | |
| 5 | Check only if there is NO Interested Party. | | | | : |
| | UNSWORN DECLARATION | | | | |
| | My name is DAVID OMAR SAL My address is ZZZL DAFFODIL A (street) | enu Dh C and my date of | birth is | 11/25 | 158 |
| | Myaddressis ZZZL DRFFODIL A | WE. MEALEN - | -0 | 78501 | المحكا |
| | (street) | (city) (s | tale) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and co | | | _ | |
| | Executed in HIDNGO CO | ounty. State of TRYAS, on the | て こそも | iay or Inclose | . ,20 8 . |
| | | | | (month) | (year) |
| | _ | A S | < | | |
| | \leftarrow | Signature of authorized agent of con | traction | husinese entitu | _ |
| | | (Declarant) | ni aviiilį | a populess civily | |

FORM 1295

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | С | OFFICE USE ERTIFICATION | | | |
|---|---|---|---|--------------------------------|---|--|--|
| 1 | Name of business entity filing form, and the city, state and coun of business. Salinas Engineering & Associates | ry of the business entity's pl | | rtificate Number: 18-428067 | | | |
| | McAllen, TX United States | | Dar | te Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form | is 11. | /26/2018 | | | |
| | City of McAllen | | | te Acknowledged: | | | |
| | | | | /28/2019 | | | |
| 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 led under the contract. | identify the | contract, and prov | ride a | | |
| | 11-18-S13-403 | | | | | | |
| | Surveying Services | | | | | | |
| 4 | | | | Nature of | | | |
| | Name of Interested Party | City, State, Country (place | of business) | (check ap | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , and my | date of birth | is | | | |
| | My address is | | | | · | | |
| | (street) | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | t. | | | | | |
| | Executed inCount | , State of | , on the | | | | |
| | | | | (month) | (year) | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | | |

FORM **1295**

| | | | | | | 1011 |
|---|--|----------------------|--|---|--|-----------------------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | _ | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and countr of business. | y of the business en | tity's place | Certificate N 2018-42771 | | |
| | R. Gutierrez Engineering Corporation | | l | | | |
| | Pharr, TX United States | | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the | contract for which t | he form is | 11/26/2018 | | |
| | being filed. | | | Date Acknow | dadmad. | |
| | City of McAllen | | | Date ACKIOV | vieugeu: | |
| 2 | Provide the identification number used by the governmental entity | v or state agency to | track or identify | the contract. | and prov | ide a |
| 3 | description of the services, goods, or other property to be provide | ed under the contrac | t. | | | |
| | 11-18-S13-403 Surveying Services 2018 | | | | | |
| | Surveying Scivious 2020 | | | | | |
| 4 | | | | 3 | Nature of | |
| | Name of Interested Party | City, State, Country | (place of busine | · - | check app | |
| | | | - | Contr | olling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Ramiro Gutierrez | • | and my date of t | oirlh is <u>12/</u> | 1/196 | <u> </u> |
| | My address is 1203 S. Gumwood | _, Pharr | , <u>T</u> | X , 785 | <u>77 </u> | USA . |
| | (street) | (city) | (śta | ate) (zip | code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| | Executed in Hidalgo County, | State of Texa | IS, on the _ | 27th_day of <u>1</u> | November (month) | _, 20 <u>18</u> . (year) |
| | | D· | 1 | | | |
| | | 1 au | Syl | | **· | |
| | | Signature of authori | zed agelit of cont (Declarant) | racting busine | ss entity | |

FORM **1295**

| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | | OFFICE USE ONLY | | |
|----------|---|--------------------------------------|-----------------------------|-------------------------|------------------------|--|
| | | | CE | CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | | ificate Number: 3-427715 | | | |
| | R. Gutierrez Engineering Corporation | | | | | |
| Ļ | Pharr, TX United States | | | Filed: 6/2018 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | ne contract for which the form is | | • | | |
| | City of McAllen | | 1 | Acknowledged: | | |
| L | | | <u> </u> | 8/2019 | | |
| 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 | |
| | 11-18-S13-403 | | | | | |
| | Surveying Services 2018 | | | | • | |
| 4 | | | | Nature of | interest | |
| " | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | plicable) | |
| L | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| - | UNSWORN DECLARATION | | | | | |
| ľ | CHOTTOM DECENTATION | | | | | |
| | My name is | , and my date of | birth is | | * | |
| | | | | | | |
| | My address is(street) | (city) (s | tate) | (zip code) | (country) | |
| | (50 861) | (ora) (s | naie) | (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 cor | ntractin | g business entity | | |
| L | | (Declarant) | | | | |
| Fo | rms provided by Texas Ethics Commission www.et | hics.state.tx.us | | Ver | sion V1 .0.6711 | |

| | CERTIFICATE OF INTERESTED PAR | MES | FC | RM 1295 | |
|---|--|---|------------------------------------|---------------------------|--|
| | | | | 1 of 1 | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE U | | |
| 1 | Name of business entity filing form, and the city, state and coun of business. | ntry of the business entity's place | Certificate Number: 2018-427743 | | |
| | Melden & Hunt, Inc. 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 | 11/26/2018 | | |
| | City of McAllen, Texas | | Date Acknowledge | d: | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid 11-18-S13-403 Professional Surveying Services | ity or state agency to track or identify ded under the contract. | the contract, and p | rovide a | |
| 4 | | | | of interest | |
| | Name of Interested Party | City, State, Country (place of busin | (check Controlling | applicable) Intermediary | |
| Т | amez, Robert | Edinburg, TX United States | Х | , | |
| | A (A-A) | | | | |
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| | AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA AMARIA | | | | |
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| 5 | Check only if there is NO interested Parly. | | | | |
| 6 | UNSWORN DECLARATION | | _ | , | |
| | My name is Rubert Tamez | , and my date of b | | 1 | |
| | My address is | Edinburg. I | <u>X. 7854/</u> ate) (zîp code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | et. | | | |
| | Executed in Hidalgo County | y, State of Texas on the | 26 th day of Noven | nbv, 20 8 .) (year) | |
| | | Signature of authorized agent of cont | racting business entity | , | |

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.6711

FORM **1295**

| 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. | s. | CE | OFFICE USI RTIFICATION | - | |
|---|--|---------------|--|--|--|
| Name of business entity filing form, and the city, state and of business. Melden & Hunt, Inc. Edinburg, TX United States | | Certi 2018 | Certificate Number: 2018-427743 Date Filed: | | |
| Name of governmental entity or state agency that is a party | to the contract for which the form is | | 11/26/2018 | | |
| being filed. City of McAllen, Texas | | Date | Date Acknowledged: | | |
| City of McAilen, Texas | | | 8/2019 | | |
| Provide the identification number used by the government description of the services, goods, or other property to be 11-18-S13-403 Professional Surveying Services | al entity or state agency to track or ider provided under the contract. | tify the c | ontract, and pro | vide a | |
| | | | Nature o | f interest | |
| A Name of Interested Party | City, State, Country (place of bu | siness) | | oplicable) | |
| · | | | Controlling | Intermediary | |
| Tamez, Robert | Edinburg, TX United States | | X | | |
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| 5 Check only if there is NO Interested Party. | | | L | | |
| 6 UNSWORN DECLARATION | | | | | |
| | | | | | |
| My name is | , and my date | of birth is | S | · | |
| My address is | | , | | <u>, </u> | |
| (street) | (city) | (state) | (zip code) | (country) | |
| I declare under penalty of perjury that the foregoing is true and | correct. | | | | |
| Executed in | County, State of, on t | he | day of | 20 | |
| | | | (month) | (year) | |
| | Signature of authorized agent of | | | | |
| Forms provided by Texas Ethics Commission ww | (Declarant) ww.ethics.state.tx.us | | Ve | rsion V1.0.6711 | |

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. | CE | OFFICE US | _ | |
| | Name of business entity filing form, and the city, state and country of the business entity's place of business. J.A. Garza Associates, LLC McAllen, TX United States | | Certificate Number: 2018-427514 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 | - 1 | 11/21/2018 Date Acknowledged: | | |
| | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-18-S13-403 Professional Land Surveying Services | | | | |
| 4 | Name of Interested Party City, State, Country (place of bu | siness) | i . | f interest oplicable) Intermediary | |
| Ga | rza, Maria McAllen, TX United States | | X | | |
| Ga | rza, Jesus McAllen, TX United States | | Х | | |
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| 5 (| Check only if there is NO Interested Party. | | | | |
| | UNSWORN DECLARATION | | a | 1000 | |
| t | My name is Jesus A Garaa , and my date | of birth is | s 8-29- | <i>1954</i> . | |
| 1 | My name is <u>Tesus A Garga</u> , and my date My address is <u>8801 N WARE Rd</u> <u>MCAllen</u> (straet) (city) | (state) | 7850T (zip code) | . <u>US///</u> . (country) | |
| ı | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed in H: John County, State of Texts on the EMILIO A TAVAREZ Notary ID # 12070411 | he <u>21</u> 2 | day of Wared (month) | :¿∵. 20 <u>\%</u> . (year) | |
| | My Commission Expires August 22, 2020 Signature of authorized agent of (Oeclarant) | contractin | 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** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-427514 J.A. Garza Associates, LLC McAllen, TX United States Date Filed: 11/21/2018 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 02/28/2019 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-18-S13-403 Professional Land Surveying Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х Garza, Maria McAllen, TX United States Х Garza, Jesus 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is ___ __, and my date of birth is _ My address is __ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of _____, on the ____day of Executed in _ (month) (vear)

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 | |
|----|--|--|------------------------------------|--------------------------------|--|
| | Name of business entity filing form, and the city, state and count of business. Halff Associates, Inc. | ry of the business entity's place | Certificate Number: 2018-426450 | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a party to the | contract for which the form is | Date Filed: 11/16/2018 | | |
| ۴. | being filed. | s contract for which the forth is | | | |
| | City of McAllen | | Date Acknowledged: | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid | y or state agency to track or identify ed under the contract. | the co | ontract, and prov | ride a |
| | 11-18-S13-403 Surveying Services 2018 | | | | |
| 4 | | | | Nature of | 1 |
| | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | · |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is Raul Garcia, PF, CFM | , and my date of t | oirth is | 9/20/1975 | · |
| | My address is 5000 West Military, Suite 100 (street) | , <u>McAllen</u> , <u>-</u> (city) (sta | FX | 78503 (zip code) | . <u>USA</u> . (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | |
| | Executed in <u>Hildago</u> County | State of Texas on the | <u>27</u> d | ay of <u>Novemb</u> (month) | <mark>er</mark> , ₂₀ 18 . (year) |
| | | Signature of authorized agent of cont | racting | business entity | |
| | | (Deciaran) | | | |

FORM **1295**

1 of 2

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING |
|---|---|---|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc. | Certificate Number: 2018-426450 |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. | Date Filed: 11/16/2018 |
| | City of McAllen | Date Acknowledged: 02/28/2019 |

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

11-18-S13-403

Surveying Services 2018

| City, State, Country (place of business) | Nature of interest (check applicable) | | |
|--|---|--|--|
| | Controlling | Intermediary | |
| Houston, TX United States | × | | |
| Richardson, TX United States | х | | |
| Austin, TX United States | х | | |
| Richardson, TX United States | х | | |
| Richardson, TX United States | х . | | |
| Austin, TX United States | х | | |
| Fort Worth, TX United States | х | | |
| Richardson, TX United States | х | | |
| Richardson, TX United States | х | | |
| Richardson, TX United States | х | | |
| Austin, TX United States | х | | |
| Richardson, TX United States | х | | |
| McAllen, TX United States | х | | |
| Richardson, TX United States | х | | |
| Austin, TX United States | х | | |
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| | Houston, TX United States Richardson, TX United States Austin, TX United States Richardson, TX United States Richardson, TX United States Austin, TX United States Fort Worth, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States Austin, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States Richardson, TX United States | City, State, Country (place of business) Houston, TX United States Richardson, TX United States X Austin, TX United States Richardson, TX United States X Richardson, TX United States X Austin, TX United States X Fort Worth, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States X Richardson, TX United States | |

FORM **1295**

| | Complete Nos. 1 - 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 en | tity's place | | icate Number: -426450 | | |
| | Halff Associates, Inc. | | | | ,20100 | | |
| | McAllen, TX United States | | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | ie contract for which th | ne form is | 11/16/2018 | | | |
| | City of McAllen | | | | Acknowledged: 3/2019 | | |
| 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 t | l rack or identify t. | the co | ontract, and pro- | ∕ide a | |
| | 11-18-\$13-403 | | | | | | |
| | Surveying Services 2018 | | | | | | |
| | | | | | Matura o | I interest | |
| 4 | Name of Interested Party | City, State, Country | (place of busine | ss) | (check ap | | |
| | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | J., J. J. J. J. J. J. J. J. J. J. J. J. J. | (h) | ·-, } | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | ····· | | | | |
| | My name is | | and my date of b | irth is | | | |
| | My address is | | * | , _ | | , | |
| | (street) | (city) | (sta | te) | (zīp code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | at. | | | | | |
| | Executed inCounty | y, State of | , on the _ | d | | · · · · · · · · · · · · · · · · · · · | |
| | | | | | (month) | (year) | |
| | | Signature of authoriz | ed agent of contr | actino | business entity | | |
| | | | (Declarant) | | | | |

FORM 1295

1 of 2

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested parties. | OFFICE USE ONLY CERTIFICATION OF FILING |
|---|---|---|
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc. McAllen, TX United States | Certificate Number: 2018-426450 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 | 11/16/2018 Date Acknowledged: |

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

11-18-S13-403

Surveying Services 2018

| 4 | Name of Interested Party | City, State, Country (place of business) | | f interest pplicable) |
|---------------------|--------------------------|--|-------------|--------------------------|
| | , | | Controlling | Intermediary |
| Adams, Bobby | | Houston, TX United States | х | |
| Baker, Jessica | - | Richardson, TX United States | х | |
| Bargainer, Tim | | Austin, TX United States | X | |
| Craig, Matthew | | Richardson, TX United States | × | |
| Edwards, Mark | | Richardson, TX United States | X . | |
| Jackson, Todd | · | Austin, TX United States | x , | , |
| Ickert , Andrew | | Fort Worth, TX United States | × | |
| Killen, Russell | | Richardson, TX United States | × | |
| Kuhn, Greg | · | Richardson, TX United States | × | |
| Kunz, Pat | | Richardson, TX United States | × | |
| Moya, Michael | | Austin, TX United States | х | |
| Plugge, Jr., Roman | | Richardson, TX United States | Х | |
| Murray, III, Menton | | McAllen, TX United States | × | · |
| Tanksley, Dan | | Richardson, TX United States | х | |
| Zapalac, Russell | · | Austin, TX United States | х | |
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CERTIFICATE OF INTERESTED PARTIES **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-427339 CVQ Land Surveyors LLC McAllen, TX United States Date Filed: 11/21/2018 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, TX 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-18-513-403 Statement of Qualifications for Surveying services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х McAllen, TX United States Vasquez, Carlos 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** Carlos Vasquez _____, and my date of birth is 08/27/1957My name is My address is 112 W. Daffodil Avenue McAllen 78501 **USA** (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Hidalgo Texas November 2018 Executed in _ _County, State of _ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | C | OFFICE USE | | |
|----|--|--|-----------------|------------------------------------|----------------------------|--|
| 1 | Name of business entity filing form, and the city, state and coun of business. | try of the business entity's pl | | Certificate Number: 2018-427339 | | |
| | CVQ Land Surveyors LLC | | | | | |
| 2 | McAllen, TX United States Name of governmental entity or state agency that is a party to the | na contract for which the form | | ate Filed: L/21/2018 | | |
| 4 | being filed. | ie contract for Which the form | 113 | | | |
| | City of McAllen, TX | | 1 | ate Acknowledged: 2/28/2019 | | |
| 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. | r identify the | e contract, and pro | vide a | |
| | 11-18-S13-403 Statement of Qualifications for Surveying services | | | | | |
| 4 | Name of the Associated Day 1 | City Courts Courts | -e b * | | f interest | |
| | Name of Interested Party | City, State, Country (place | or business | Controlling | oplicable) Intermediary | |
| Vē | squez, Carlos | McAllen, TX United State | es , | X | , incomediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | #### | | |
| | My name is | , and my | y date of birti | h 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 | , on the | day of | , 20 | |
| | | | | (month) | (year) | |
| | | Signature of authorized age (Declara | | ting business entity | | |
| | (| | | | | |

1295 HENDWOODGED 3/1/19 725

| | CERTIFICATE OF INTERESTED PAR | TIES | | FOR | м 1295 | |
|----|--|---|----------------|------------------------------------|------------------------------|--|
| | | | | | 1 of 1 | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEI | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. Rotochopper, Inc. | | | Certificate Number: 2019-441284 | | |
| _ | St. Martin, MN, MN United States | | | Filed: 4/2019 | | |
| 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 | | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided in 19-P19-31 Rotochopper Go-Bagger 250HD | ity or state agency to track or Identify ded under the contract. | the c | ontract, and pro | vide a | |
| 4 | No. of the control of Protect | Olive Court Court of the confliction | | | finterest | |
| | Name of Interested Party | City, State, Country (place of busin | 0 \$\$) | (check ar Controlling | Intermediary | |
| Ci | ty of McAllen | McAllen, TX United States | | X | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| | UNSWORN DECLARATION | | | | • | |
| | My name is <u>Preston McIntyre</u> My address is <u>10125 Beaupre</u> . Or. (street) | , and my date of | birlh is | Z·25-E | <i>}1</i> . | |
| | My address is 10/25 Beaupre .Dr. (street) | Arcadia C | ote) | 73CO7 (zip code) | , <u>U5 A</u> . (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed in Oklahoma Count | ry, State of Oklahoma on the | <u> 28</u> | lay of <u>FC61Ua</u> (month) | / (year) | |
| | <u> F</u> | Signature of authorized agent of con | tracting | but iness entity | | |
| | rms provided by Tayas Sthice Commission Manual | bics state ty us | | Version 1 | /1 1 28ah6150 | |

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. 2019-441284 Rotochopper, Inc. St. Martin, MN, MN United States Date Filed: 01/14/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 03/01/2019 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. 01-19-P19-31 Rotochopper Go-Bagger 250HD Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х City of McAllen 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is ___ and my date of birth is ______ My address is _____ (state) (city) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______, on the ____day of _ (month) (vear)

Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are Interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-409618 Comfort House Services Inc. McAllen, TX United States Date Filed: 10/01/2018 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. twenty four hour palliative care to individuals with a four month or less prognosis and a terminal illness Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Perez, David McAllen, TX United States Х 5 Check only if there is NO Interested Party. **5 UNSWORN DECLARATION** and my date of birth is 10 30 74 USA (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalga County, State of Toxar, on the 1st day of October, 20 18 Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

| _ | | | | | | |
|----|--|---|---------------------------------|--------------------|--------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEI | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and count of business. | ry of the business entity's place | Certificate Number: 2018-409618 | | | |
| | Comfort House Services Inc | | | | | |
| _ | McAllen, TX United States | | | Filed: 1/2018 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which the form is | 10/0 | T1CUTQ | | |
| | City of McAllen | | | Acknowledged: | | |
| | | | 11/2 | 6/2018 | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services. | | y the c | ontract, and prov | /ide a | |
| | MC1819 twenty four hour palliative care to individuals with a four month | h or less prognosis and a terminal | illness | i | | |
| 4 | | | | Nature of | | |
| • | Name of Interested Party | City, State, Country (place of busin | ness) | (check ap | • | |
| | | | | Controlling | Intermediary | |
| Pε | erez, David | McAllen, TX United States | | X | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
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| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | and my date o | f birth is | s | | |
| | - | | | | | |
| | My address is | | , | | <i></i> . | |
| | (street) | (city) | state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | et. | | | | |
| | Executed inCount | y, State of, on the | · | day of | , 20 | |
| | | _ | _ | (month) | (year) | |
| | | | | | | |
| | | Signature of authorized agent of co (Declarant) | ntractin | ng business entity | | |

| | CERTIFICATE OF INTERESTED PART | 'IES | | 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. | he business entity's place of | | cate Number: -439515 | . |
| | The Salvation Army McAllen/Hidalgo County McAllen, TX United States | | Date 1 | |] |
| 2 | Name of governmental entity or state egency that is a party to the confiled. | tract for which the form is being | 01/09 | 9/2019 | |
| | City of McAllen | | Date / | Acknowledged: | ł |
| 3 | Provide the identification number used by the governmental entity or s services, goods, or other property to be provided under the contract. | state agency to track or identify the con | tract, ar | nd provide a desc | ription of the |
| | B-18-MC-48-0506 Homeless prevention, transportation, medication and work clo | othes | | | |
| 4 | Name of interested Party | City, State, Country (place of busin | seal . | Nature of (check ap | |
| | | enyl ethich eastlift frame at mann | | Controlling | Intermediary |
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| 5 | Check only if there is NO interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | · | | |
| | My name is Runnie Raymer | , and my date o | f birth is | <u>6/2/1</u> | <u>958</u> . |
| | My address is 1221 Riverbend Dr (street) | Dallas (city) | state) | 75247 (zip code) | (country) |
| | I declare under penalty of penjury that the foregoing is true and correc | ct. | | | |
| | | ty, State of Texas, on the | 9+h | day of <u>Januar</u> | <u>u_, 20 [9].</u> |
| | | | | (month) | (year) |
| | | | | | |
| | | Signature of authorized agent of co (Declarant) | ontractic | 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. | try of the business entity's place | | ficate Number: 9-439515 | |
| | The Salvation Army McAllen/Hidalgo County | | 2019 | -498019 | |
| | McAllen, TX United States | | | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | 01/09 | 9/2019 | |
| | being filed. City of McAllen | | Date | Acknowledged: | |
| | Sity of Morition | | | 3/2019 | |
| 3 | Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided. | | the c | ontract, and prov | ride a |
| | B-18-MC-48-0506 | | | | |
| | Homeless prevention, transportation, medication and work clo | othes | | | |
| _ | | | | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country (place of busir | ess) | (check ap | plicable) |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birt h 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 co (Declarant) | ntractin | ng business entity | |

FORM 1295

L of 1

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|---|---|------------|----------------------------|-------------------------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CE | OFFICE USE | | |
| 1 | Name of business entity filing form, and the city, state and country of the business entity's place of business. | | ficate Number: 8-422268 | , | |
| | Food Bank RGV | 1-0-0 | ILLEGO | _ 1 | |
| | Pharr, 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. | 11/0 | 5/2018 | | |
| | City of McAllen CDBG Program | Date | 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 | |
| | B18MC480506 Food Distribution | | | | |
| _ | ` | | Nature o | f interest | |
| 4 | Name of Interested Party City, State, Country (place of bus | inesel | | pplicable) | |
| | Name of interested Party City, State, Country (place of bus | 111000) | | | |
| | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is, and my date | of birth i | s Man | 7,1973 | |
| | My address is 3416 Germium MAILer (city) | (state) | , 7850/ (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | ŀ | . 6.5 % | _ | |
| | Executed in tidal go County, State of Oyas, on the | те 🔼 | day of Voice (month | 20 <u>/ &</u> . (year) | |
| | Solow | * | a | | |
| | Signature of authorized agent of (Declarant) | contracti | ng business entit | y | |

FORM **1295**

| | Complete Nos. 1 - 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. | of the business entity's place | | ficate Number: -422268 | |
| | Food Bank RGV Pharr TY United States | | Data | Eilad: | 1 |
| 2 | Pharr, TX United States Name of governmental entity or state agency that is a party to the | contract for which the form is | | Filed: 5/2018 | |
| _ | being filed. | | | | |
| | City of McAllen CDBG Program | | | Acknowledged: 5/2019 | |
| 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 | ide a |
| | B18MC480506 | • | | | |
| | Food Distribution | | | | |
| _ | | | | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | plicable) |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | | · |
| | My address is(street) | | | | |
| | (street) | (city) (si | ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed inCounty, | State of, on the | (| day of | 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of con (Declarant) | tractin | 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. | | | | FFICE USE | ONLY OF FILING |
| 1 | Name of business entity filing form, and the city, state and cor of business. | untry of the business er | | | ite Number: | OI TILINO |
| | JMJ Constructors | | | | | |
| 2 | | the contract for which t | the form is | Date Filo 03/13/2 | | |
| | being filed. City of McAllen | | | Date Ac | knowledged: | |
| 3 | Provide the identification number used by the governmental e description of the services, goods, or other property to be pro | entity or state agency to evided under the contrac | track or identify out. | the cont | ract, and prov | ide a |
| | 02-19-C13-01 EMERGENCY FILTER REPAIR AT SOUTH WATER TREA | ATMENT PLANT | | | | |
| 4 | Name of Interested Party | City, State, Country | (place of busine | ss) | Nature of (check ap | |
| | | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | <u> </u> | | 424011 |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Giovanni Diaz | | and my date of b | irth is | 10-16-1 | <u>1994</u> . |
| | My address is 4009 Tyler Ave. | McAllen | TX | | 78503 | US . |
| | (street) | (city) | (sta | te) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and con | rect. | | | | |
| | Executed in Hidalgo Cou | unty, State of Texas | , on the _ | 13 _{day} | of March | , 20 <u>19</u> (year) |
| | | | Gie ! |) léty | • | |
| | | Signature of author | ized agent of contr (Declarant) | acting bu | usiness entity | |
| _ | rms provided by Tayor Ethian Commission | othics state ty us | | | | V/1 1 20f8030c |

FORM **1295**

| | Complete 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 pla of business. | | ertificate Number: 019-463069 | |
| | JMJ Constructors | | | |
| | Alton, 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 being filed. | is 03 | 3/13/2019 | |
| | City of McAllen | Da | ate Acknowledged: | |
| | | 03 | 3/13/2019 | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or description of the services, goods, or other property to be provided under the contract. | identify the | e contract, and prov | ⁄ide a |
| | 02-19-C13-01 EMERGENCY FILTER REPAIR AT SOUTH WATER TREATMENT PLANT | | | |
| _ | | | Nature of | Interest |
| 4 | Name of Interested Party City, State, Country (place o | f business |) (check ap | plicable) |
| | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | ************************************* | | |
| 6 | UNSWORN DECLARATION | | | |
| | My name is, and my | date of birti | h is | * |
| | My address is, | ,(state) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | |
| | Executed inCounty, State of | on the | day of | . 20 |
| | | O11 MIG | (month) | (year) |
| | Signature of authorized agen | | ting business entity | |
| | (Declarar | ny | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-464427 **AGPro** Weslaco, TX United States Date Filed: 03/18/2019 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. Equipment Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO interested Party. 6 UNSWORN DECLARATION My name is I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in

zed 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 OF FILING |
|----------------|---|--|-----------------------------------|------------------|----------------------|-------------------|
| 1 | Name of business entity filing form, and the city, state and cour of business. | ntry of the business er | ntity's place | | ate Number: | |
| | AGPro | • | | | | |
| | Weslaco, TX United States | | | Date F | iled: | |
| 2 | Name of governmental entity or state agency that is a party to the | he contract for which | the form is | 03/18/ | 2019 | |
| | being filed. | | | | | |
| | City of Mcallen | | | Date A 03/19/ | cknowledged: 2019 | |
| 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 ided under the contra | track or identify ct. | the con | tract, and pro | vide a |
| | 03-19-P28-03 | | 1 | | | |
| | Equipment | | | | | |
| | | 1 | | | Natura | f 1-1-1-1-1 |
| 4 | Name of Interested Party | City, State, Country | . Intoop of busins | ,cc) | Nature of | |
| | rame of interested Party | City, State, Country | Y (PIACE OI DUSINE | · | (check ap | |
| | | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | | , and my date of b | oirth is _ | | · |
| | My address is | | | 1 | | |
| | (street) | (city) | (sta | ite) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | et. | | | | |
| | Executed inCount | ty, State of | , on the | da | y of | , 20 . |
| | | | | | (month) | (year) |
| | | | | | | |
| | | Signature of author | ized agent of cont (Declarant) | racting t | ousiness entity | |

| CERTIFICATE OF INTERESTED PAR | RTIES | FOR | м 1295 |
|--|--|------------------------------------|------------------------|
| | | | 1 of 1 |
| Complete Nos. 1, -4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE USE | |
| Name of business entity filing form, and the city, state and cour of business. | ntry of the business entity's place | Certificate Number: 2019-467321 | |
| City of McAllen Purchasing & Contracting McAllen, TX United States | | Date Filed: 03/25/2019 | |
| Name of governmental entity or state agency that is a party to the being filed. | he contract for which the form is | 03/23/2019 | |
| The City of McAllen, Texas | | Date Acknowledged: | |
| 3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 03-19-P26-02 Purchase of Two (2) 85 kW Generators for Public Works | ity or state agency to track or identify ided under the contract. | ine contract, and prov | /ide a |
| 4 | | Nature of | · · |
| Name of Interested Party | City, State, Country (place of busine | | |
| | | Controlling | intermediary |
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| 5 Check only if there is IXO Interested Party. | | | |
| 6 UNSWORN DECLARATION | | | |
| My name is Fredrick A. Horner | , and my date of b | oirth is <u>09/29/1962</u> | <u> </u> |
| My address is 12320 South Main St. | . Houston , TX | 77235 | USA |
| (alreet) | (clly) (sta | ale) (zip code) | (country) |
|) declare under penalty of perjury that the foregoing is true and correct | ct. | | |
| Executed in Harris Count | ly, State of Texas on the 2 | 25th day of March (month) | 20 <u>19</u> (year) |
| Christina Kent Stow My Commission Expires 00/20/20/22 | 71 / N | | 0 1/ |
| ID No. 131703771 | Signature of authorized agent of control (Declarant) | racting business entity | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-467321 City of McAllen Purchasing & Contracting McAllen, TX United States Date Filed: 03/25/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: The City of McAllen, Texas 03/25/2019 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase of Two (2) 85 kW Generators for Public Works Nature of interest Name of Interested Party (check applicable) City, State, Country (place of business) Controlling Intermediary

| 5 Check only if there is | NO Interested Party. | X | | | | |
|--------------------------|------------------------------|-------------------------|---------------------------------------|------------------------|-------------------|----------------|
| UNSWORN DECLARA | FION | | · · · · · · · · · · · · · · · · · · · | | | ., |
| My name is | | | , aı | nd my date of birth is | i | |
| My address is | (street) | | ,(city) | ,, (state) | (zip code) | (country) |
| I declare under penalty | of perjury that the foregoin | ng is true and correct. | | | | |
| Executed in | | County, | State of | , on the | day of(month) | , 20 (year) |
| | | | Signature of authorized | I agent of contracting | g business entity | |

www.ethics.state.tx.us

Version V1.1.39f8039c

Forms provided by Texas Ethics Commission

| CERT | FICATE OF INTERESTED F | PARTIES | | FOR | м 1295 | |
|-----------------------------|---|---|----------------|---|--------------------------|--|
| | | | · · · · | | 1 of 1 | |
| Complete N | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| of busines | | d country of the business entity's place | | icate Number: -465780 | | |
| McAllen, T | acting, LLC X United States | | Date I | Filed: 0/2019 | | |
| 2 Name of go being filed | overnmental entity or state agency that is a par | ty to the contract for which the form is | 03/20 | 1/2019 | | |
| City Of Mo | Allen | | Date / | Acknowledged: | | |
| description Project No | e identification number used by the governmen of the services, goods, or other property to be o. 03-19-C16-618 Heights Drainage Improvements | ital entity or state agency to track or Identii e provided under the contract, | fy the co | ntract, and pro | vide a | |
| 4 | | | | ******* | f interest | |
| • | Name of Interested Party | City, State, Country (place of busing | ness) | (check ap | plicable) Intermediary | |
| Munoz, Noel | | McAllen, TX United States | | X | interntediary | |
| <u></u> | | | | | | |
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| | if there is NO Interested Party. | | l. | | | |
| 6 UNSWORN | DECLARATION | | | | | |
| My name is | Noel Munoz | , and my date of | f birlh is | 02/01/19 | 968, | |
| My address | | | ΓX, state) | 78504 (zip code) | , USA . | |
| | (slreet) | , ,, | sialej | (zip code) | (coaimy) | |
| i declare un | der penalty of perjury that the foregoing is true and | | | | | |
| Executed in | Hidalgo | _County, State of, on lhe | <u>20th</u> da | ay of <u>March</u> (month) | , 20 <u>19</u> (year) | |
| | | · Llan - | | | | |
| | - | 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. | С | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and co of business. | | Certificate Number: 2019-465780 | | |
| | NM Contracting, LLC | | | 15 1,551.51 | |
| | McAllen, TX United States | | Da | te Filed: | |
| Ž | Name of governmental entity or state agency that is a party to | the contract for which | the form is 03 | /20/2019 | |
| | being filed. | | D _a | te Acknowledged: | |
| | City Of McAllen | | | /26/2019 | |
| 3 | Provide the identification number used by the governmental e description of the services, goods, or other property to be pro- | entity or state agency to ovided under the contrac | track or identify the | contract, and prov | ride a |
| | Project No. 03-19-C16-618 Westway Heights Drainage Improvements | | | | |
| 4 | | | | Nature of | |
| -+ | Name of Interested Party | City, State, Country | / (place of business) | | |
| | | | | Controlling | Intermediary |
| М | unoz, Noel | McAllen, TX Unit | ed States | х | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | | , and my date of birth | ı is | |
| | My address is | | | _, | · |
| | (street) | (city) | (state) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and cor | | | | |
| | Executed inCou | unty, State of | , on the | _day of | , 20 |
| | | | | (month) | (year) |
| | | Signature of author | ized agent of contract (Declarant) | ting business entity | · |
| | and manifold by Tayan Ethina Commission | athias atata tu us | * | Maralan | V1 1 20f0020 |

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: 2019-452195 DACO FIRE EQUIPMENT FORT WORTH, TX United States Date Filed: 02/13/2019 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. Specifications for the Purchase and Delivery of Loose Equipment for Fire Engines 2, 3, & 5 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Daco Fire Equipment Fort Worth, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is 8-15-62 FUDDIES FON ST. HALTOM CITY I declare under penalty of perjury that the foregoing is true and correct. _____County, State of ____ gnature of authorized agenrol dontracting business entity (Declarant) Forms provided by Texas Ethics Commission Version V1,1,28ab6150 www.ethics.state.tx.us

FORM **1295**

| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEF | OFFICE USE ONLY CERTIFICATION OF FILING | | |
|-----|--|---|---------------|---|---------------|--|
| 1 | Name of business entity filing form, and the city, state and coun of business. DACO FIRE EQUIPMENT FORT WORTH, TX United States | Certificate Number: 2019-452195 Date Filed: | | | | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | 02/13 | 3/2019 | | |
| | being filed. City of McAllen | | | Date Acknowledged: 03/26/2019 | | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 19-P23-144 Specifications for the Purchase and Delivery of Loose Equipment 19-P23-144 | ded under the contract. | the co | ontract, and prov | īde a | |
| | | , , , , , , , , , , , , , , , , , , , | | | | |
| 4 - | Name of Interested Party | City, State, Country (place of busine | 1229 | Nature of (check ap | | |
| | name of interested 1 arty | City, Citate, Country (place of busine | .33, | Controlling | Intermediary | |
| Da | aco Fire Equipment | Fort Worth, TX United States | | х | | |
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| 5 | Check only if there is NO Interested Party. | | | | , | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | and my date of b | oirth is | | · | |
| | My address is(street) | | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | xt. | | | | |
| | Executed inCount | v. State of on the | d | lav of | . 20 | |
| | | , o.a.o o, o.i. alo _ | ············· | (month) | (year) | |
| , | Signature of authorized agent of contracting business entity (Declarant) | | | | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2019-451639 North America Fire Equipment Co., Inc. (NAFECO) Decatur, AL United States Date Filed: 02/12/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, TX Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or Identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 02-19-P23-144 Purchase & Delivery of Loose Equipment for Fire Engines 2, 3 & 5 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 Ronald Woodall , and my date of birth is 8/19/58 My address is 1515 West Moulton Street 35601 (street) I declare under penalty of perjury that the foregoing is true and correct. ______county, State of Alabama ____, on the 12thay of February, 2019 Executed in _

Signature of authorized agent of contracting business (Declarant)

FORM **1295**

| _ | | | | | 20,2 | | | | |
|---------|---|--|---|----------------------------|----------------|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USI | | | | | |
| 1 | Name of business entity filing form, and the city, state and country of business. | | Certificate Number: 2019-451639 | | | | | | |
| | North America Fire Equipment Co., Inc. (NAFECO) | | 1201 | 9-401039 | | | | | |
| | Decatur, AL United States | | Date | e Filed: | | | | | |
| 2 | | contract for which the form is | 02/3 | 12/2019 | | | | | |
| | being filed. | | Date | e Acknowledged: | | | | | |
| | City of McAllen, TX | | | e Acknownedged. 26/2019 | ' | | | | |
| 3 | | | | | | | | | |
| | Project No. 02-19-P23-144 Purchase & Delivery of Loose Equipment for Fire Engines 2, 3 | & 5 | | | | | | | |
| _ | | | | Nature o | f interest | | | | |
| 4 - | Name of Interested Party | City, State, Country (place of | business) | (check a | pplicable) | | | | |
| | | | | Controlling | Intermediary | | | | |
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| 5 | Check only if there is NO Interested Party. | | | , | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | | |
| | | | | | | | | | |
| | My name is | , and my d | ale 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. | | | | | | | | |
| | Executed in County, | State of, c | n the | day of | 20 | | | | |
| | Executed inCounty, | State of, c | e | _day di (month) | , 20 (year) | | | | |
| | | | | | | | | | |
| | | Signature of authorized agent (Declarant | | ng business entity | | | | | |

| | CERTIFICATE OF INTERESTED PARTIES | | FOR | м 129 5 | |
|---|---|----------------|------------------------------|---------------------------|--|
| | | | | 1 0! 1 | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | CEF | OFFICE USE | | |
| 1 | of business. | 1 | ficate Number: 0-452261 | | |
| | Dana Safety Supply dba Fleet Safety Equipment Houston, TX United States | | Filed: 3/2019 | | |
| ۷ | Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen | | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental entity or state agency to track or identifies description of the services, goods, or other property to be provided under the contract. 02-19-P23-144 emergency vehicle equipment/fire fighting equipment | fy the co | ontract, and prov | /lde a | |
| 4 | | | Nature of | | |
| • | Name of Interested Party City, State, Country (place of busi | ness) | (check ap | plicable) Intermediary | |
| | | | Controlling | micrimedia y | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | / | 1-11 | |
| | | | 12/14 | 178 | |
| | My address is 2188 Spicer CV - Memphis (street) | //V (state) | 38/3-1 (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed in Shella County, State of TM on the | . 13 | day of <u>Feb</u> (month) | | |
| | Udn & dr | | <u> </u> | | |
| | Signature of authorized agent of contracting business entity (Occlerent) | | | | |

FORM 1295

| being filed. City of McAllen Date Acknowledged: 03/26/2019 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. 02-19-P23-144 emergency vehicle equipment/fire fighting equipment Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) | | | | | T OL T | | |
|--|---|--|--|-------------------------|--------------|--|--|
| of business. Dana Safety Supply dba Fleet Safety Equipment Housion, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is Date Filed: 02/13/2019 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 undor the contract. 02-19-P23-144 emergency vehicle equipment/fire fighting equipment Name of Interested Party City, State, Country (place of business) Nature of Interest (check applicable) Controlling Intermediar | | | | | | | |
| Date Safety Supply dha Fleet Safety Equipment Houston, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filled. 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. 2-19-P23-144 emergency vehicle equipment/fire fighting equipment Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedian Name of Interested Party Check only if there is NO interested Party. UNSWORN DECLARATION My name is | 1 | | y of the business entity's place | 1 | | | |
| Name of interested Party Check only if there is NO Interested Party. Check only if there is NO Interested Party. UNSWORN DECLARATION My name is | | Dana Safety Supply dba Fleet Safety Equipment | | 2010-402201 | | | |
| being filed. City of McAllen Date Acknowledged: 03/26/2019 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. 02-19-P23-144 emergency vehicle equipment/fire fighting equipment Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermediar Intermediar Check only if there is NO Interested Party. Check only if there is NO Interested Party. UNSWORN DECLARATION My name is | | | | | | | |
| City of McAllen Data Acknowledged: 03/26/2019 | 2 | | contract for which the form is | 02/13/2019 | | | |
| Check only if there is NO Interested Party. X | | - | | Date Acknowledged: | | | |
| description of the services, goods, or other property to be provided under the contract. Controlling City, State, Country (place of business) Controlling Intermediar | | - | | 03/26/2019 | | | |
| Name of Interested Party City, State, Country (place of business) Nature of Interest (check applicable) Controlling Intermedian Controlling Intermedian Intermedian Controlling Intermedian Controlling Intermedian Controlling Intermedian Intermedian Controlling In | 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 contract, and pro | vide a | | |
| Name of Interested Party City, State, Country (place of business) Controlling Intermediar Intermediar Controlling Intermediar Controlling Intermediar Controlling Intermediar Intermediar Check only if there is NO Interested Party. UNSWORN DECLARATION My name is | | | | | | | |
| Name of Interested Party City, State, Country (place of business) Controlling Intermediar Intermediar Check only if there is NO Interested Party. UNSWORN DECLARATION My name is | | emergency vehicle equipment/fire fighting equipment | | | | | |
| Name of Interested Party City, State, Country (place of business) Controlling Intermediar Intermediar Controlling Intermediar Intermediar Controlling Intermediar Inter | 4 | | | Nature o | interest | | |
| Check only if there is NO Interested Party. UNSWORN DECLARATION My name is | ~ | Name of Interested Party | City, State, Country (place of busine | | | | |
| Wy name is | | | | Controlling | Intermediary | | |
| Wy name is | | | | | | | |
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| Wy name is | | | | | , | | |
| Wy name is | - | _ | | | | | |
| Wy name is | | | | | | | |
| Wy name is | | | | | | | |
| My address is | 5 | Check only if there is NO Interested Party. | | | | | |
| My address is | 6 | UNSWORN DECLARATION | | | | | |
| My address is | - | My name is | . and my date of t | oirth is | | | |
| (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in | | | and my water of t | | • | | |
| I declare under penalty of perjury that the foregoing is true and correct. Executed in | | My address is | | | · | | |
| Executed in County, State of, on theday of, 20 (month) (year) Signature of authorized agent of contracting business entity | | (streel) | (city) (sta | ate) (zîp code) | (country) | | |
| Signature of authorized agent of contracting business entity | | I declare under penalty of perjury that the foregoing is true and correct. | | | | | |
| Signature of authorized agent of contracting business entity | | Executed in County | State of on the | day of | 20 | | |
| Signature of authorized agent of contracting business entity | | County, | outo or, off the _ | | (year) | | |
| Signature of authorized agent of contracting business entity | | | | | | | |
| | | • | | • | | | |
| | | | Signature of authorized agent of cont | racting business entity | | | |
| | | | | | | | |

| | CERTIFICATE OF INTERESTED PART | TIES | | FOR | м 1295 | |
|---|---|---|----------|---|-------------------------|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. | | 1 | OFFICE USE | ONLY | |
| 1 | Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and count of business. The Center of Industrial Rehab Services McAllen, TX United States | try of the business entity's place | Certif | CERTIFICATION OF FILING Certificate Number: 2019-468518 | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | e contract for which the form is | 03/26 | Acknowledged: | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 202-19-S32-74 Service Contract to provide a health and wellness program for | ded under the contract. | the co | ontract, and pro | víde á | |
| 4 | Name of Interested Party | City, State, Country (place of busin | 000) | Nature o | | |
| ı | Name of interested Party | City, State, Country (place of busin | essi | Controlling | pplicable) Intermediary | |
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| 5 | Check only if there is NO Interested Parly. | | | • | | |
| 6 | My name is | and my date of | birth is | 9/29/ | 67 | |
| | My address is 5200 N-Stewart R | | late) | ~785~13 (zlp code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in | ct. ry, State of <u>TeXAS</u> , on the | 274 | h lay of Mark | 20 19 | |
| | - 1 11001 - 1 1001 - | VOL | | (month) | (year) | |
| | | Signature of authorized agent of con (Declarant) | tracting | j business entity | | |

FORM 1295

L 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. | Certificate Number: 2019-468518 | | | | |
| | The Center of Industrial Rehab Services | | 2013 | 7 -1000TD | | |
| | McAllen, TX United States | | | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the form is | 03/2 | 6/2019 | | |
| | City of McAllen | r | Date | Acknowledged: | | |
| | | | 03/2 | 7/2019 | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided. | | the c | ontract, and prov | /ide a | |
| | 02-19-S32-74 | | | | | |
| | Service Contract to provide a health and wellness program for | McAlleh Fire Department; Rebid | | | | |
| Δ | | | | Nature of | | |
| 7 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | | |
| | | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| _ | X | | | , | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | Atu nama ta | | hirth 1- | | | |
| | My name is | , and my date of | on th is | | • | |
| | My address is | , | | | , | |
| | (street) | (city) (st | ate) | (zip code) | (country) | |
| | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed inCounty | , State of, on the | <u> </u> | day of | , 20 | |
| | | | | (month) | (year) | |
| | | | | | | |
| | | | • | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | |

ACKNOWLEDGED 1295 3/28/19 ... 25

| | CERTIFICATE OF INTERESTED PAR | TIES | | FOR | м 1295 |
|---|--|--|--------------------|---------------------------------------|------------------|
| F | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE USI | ONLY |
| 1 | | ntry of the business entity's place | Certi 2019 | ificate Number: 9-463045 Filed: | OF FILING |
| 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 | | 3/2019 Acknowledged: | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 03-19-P27-76 Bid for a Supply Contract for the Purchase and Delivery of Ty | ded under the contract. | the c | • | • |
| 4 | Name of Interested Darty | City State Country/place of busin | | | interest |
| l | Name of Interested Party | City, State, Country (place of busine | c55) | (check ar Controlling | Intermediary |
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| | | | | | |
| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | My name is Steve Boyd | , and my date of t | oirth is | 7-30-1 | 163_ |
| | My address is 988 m! z /b N | ElsA I | | 78543 | i |
| | loneark | | ina) | (op wee) | (crimit h) |
| | I declare under penalty of perjury that the foregoing is true and correct Executed in | ct. y, State of <u>Texes</u> , on the | 13 ¹⁴ d | lay of More | <u>4, 20 15.</u> |
| | NANCY M. RODRIGUEZ Notery Public, State of Texas Comm. Expires 08-24-2020 Notery ID 11425683 | Signature of authorized agent of cont | | (month) | (year) |
| | with the comment of t | (Declarant) | | | i |

FORM **1295**

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|---|---|---------------------------------------|--------------------------|----------|---|---------------------------|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | Name of business entity filing form, and the city, state and country of business. | | icate Number: -463045 | | | | |
| | Upper Valley Materials, LLC d/b/a CAPA Palmview, TX United States | | | Date ! | Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the fo | rm is | 03/13 | 3/2019 | | |
| | City of McAllen | | | | Acknowledged: 3/2019 | | |
| 3 | Provide the identification number used by the governmental entity | or state agency to track | or identify | | | /ide a | |
| • | description of the services, goods, or other property to be provide 03-19-P27-76 | d under the contract. | | | . · · · | | |
| | Bid for a Supply Contract for the Purchase and Delivery of Type | e"D" Hot Mix Asphaltic C | Concrete | | | | |
| 4 | Name of Interested Party | City State Country/oles | o of hugina | | Nature of | | |
| | Maine of interested Party | City, State, Country (plac | e or busine | :55) | Controlling | olicable) Intermediary | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | <u></u> | | |
| | My name is | , and i | my date of b | oirth is | | | |
| | My address is | · · · · · · · · · · · · · · · · · · · | | | | | |
| | (street) | (city) | (sta | ite) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed inCounty, | State of | , on the _ | d | | , 20 | |
| | | | | | (month) | (year) | |
| | | Signature of authorized a | | racting | business entity | | |
| | (Declarant) | | | | | | |

| | CERTIFICATE OF INTERESTED PART | ΓIES | | FOR | и 1295 | |
|-------------------|--|--|---------------|--|-------------------------------------|--|
| | | | | | 1 of 1 | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | Name of business entity filling form, and the city, state and country of business. Cutler Repaying, Inc. | ry of the business entity's place | | icate Number: -462801 | | |
| | Lawrence, KS United States | | Date t | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. City of McAllen | e contract for which the form is | | 03/12/2019 Date Acknowledged: | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 03-19-C14-284 2019 Single Machine Repaying | ty or state agency to track or identify led under the contract. | the co | intract, and prov | ride a | |
| 4 | Name of Interested Party | City State Country folgon of busin | | Nature of | ' | |
| | wane or interested Party | City, State, Country (place of busin | ess) | (check ap | Intermediary | |
| R | athbun, John | Lawrence, KS United States | | х | 1 | |
| Miles, John | | Lawrence, KS United States | | x | | |
| Cutler, Douglas | | Los Ranchos, NM United States | | х | | |
| Veskerna, Charles | | Lawrence, KS United States | | х | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is Charles R. Veskerna | , and my date of | | | 1950 | |
| | My address is | . LEAWOOD (st | lale) | (zip code) | . <u>0.5.</u> (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed inCounty | y, State of <u>KANSAS</u> , on the | <u> War</u> d | lay of <u>MARC.</u> (month) | <u>H</u> , 20 <u>/9</u> . (year) | |
| | · . | Charles Rydel | ler | uo- | | |
| | | 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. | | C | OFFICE USE ONLY CERTIFICATION OF FILING | | |
|----|---|-------------------------------|------------------------------------|---|-----------------|--|
| 1 | Name of business entity filing form, and the city, state and count of business. | | Certificate Number: 2019-462801 | | | |
| | Cutler Repaving, Inc. | | | | | |
| | Lawrence, KS United States | | | ate Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to th being filed. | e contract for which the form | n is 03 | 3/12/2019 | | |
| | City of McAllen | • | Da | ate Acknowledged: | | |
| | | | 03 | 3/29/2019 | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide | | or identify the | e contract, and prov | vide a | |
| | 03-19-C14-284 2019 Single Machine Repaving | | | | | |
| 4 | | | | Nature of | | |
| • | Name of Interested Party | City, State, Country (place | of business | ′ | | |
| | | | | Controlling | Intermediary | |
| Ra | thbun, John | Lawrence, KS United St | | Х | _ | |
| Mi | les, John | Lawrence, KS United St | | Х | | |
| Сι | tler, Douglas | Los Ranchos, NM Unite | d States | Х | | |
| Ve | skerna, Charles | Lawrence, KS United St | tates | Х | | |
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| | | _ | | | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , and m | ny date of birt | th is | <u> </u> | |
| | My address is(street) | ,(city) | ,(state | , | ., (country) | |
| | I declare under penalty of perjury that the foregoing is true and correc | ct. | | | | |
| | ' | | | | | |
| | Executed inCount | y, State of | , on the | day of (month) | , 20 (year) | |
| | | Observation of the first | | ation business and | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-468708 Casco Industries, Incorporated La Porte, TX United States Date Filed: 03/27/2019 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase and Delivery of Loose Equipment for Engines 2,3 & 5 Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is Dino PEREZ 705 S. 8th StREET US My address is (street) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. on the 27thday of Harch County, State of Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

| Complete Nos. 1 - 4 and 6 if there are interested par Complete Nos. 1, 2, 3, 5, and 6 if there are no intere | rties. ested parties. | CE | OFFICE USI | • | | |
|---|--|--|-------------------|--------------|--|--|
| Name of business entity filing form, and the city, of business. | state and country of the business entity's place | and country of the business entity's place Certificate 2019-4687 | | | | |
| Casco Industries, Incorporated | | 2018 | 7-400 <i>1</i> UO | | | |
| La Porte, TX United States | | | Filed: | | | |
| Name of governmental entity or state agency tha being filed. | it is a party to the contract for which the form is | 03/2 | 7/2019 | | | |
| _City of McAllen | | Date | Acknowledged: | | | |
| | | 04/0 | 1/2019 | | | |
| Provide the identification number used by the go description of the services, goods, or other prop | overnmental entity or state agency to track or identi erty to be provided under the contract. | fy the c | ontract, and pro | vide a | | |
| 02-19-P23-144 | • | | | | | |
| Purchase and Delivery of Loose Equipment for | r Engines 2,3 & 5 | | | | | |
| | | | Nature o | f interest | | |
| Name of Interested Party | City, State, Country (place of busi | ness) | (check a | plicable) | | |
| | | | Controlling | Intermediary | | |
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| Check only if there is NO Interested Party. | X | | | | | |
| UNSWORN DECLARATION | | | | | | |
| My name is | , and my date o | f birth is | | • | | |
| My address is | | · · · · · · | | | | |
| (street) | (city) | state) | (zip code) | (country) | | |
| I declare under penalty of perjury that the foregoing i | is true and correct. | | | | | |
| Executed in | County, State of, on the | : | lay of | 20 | | |
| | | | (month) | (year) | | |
| | | | · | <u> </u> | | |
| | Signature of authorized agent of co (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. | | | USE ONLY |
|---|--|----------------------|--------------------------------|-------------------|
| I. | Name of business entity filing form, and the city, state and country of the business of business. | | Certificate Nun 2019-472494 | nber: |
| | Netsync Network Solutions | | | |
| <u>, </u> | Houston, TX United States Name of governmental entity or state agency that is a party to the contract for which | - | Date Filed: 04/04/2019 | |
| | being filed. | | Data Aakmanda | |
| | City of McAllen | • | Date Acknowle | agea: |
| — 3 | Provide the identification number used by the governmental entity or state agency to | | the contract, ar | nd provide a |
| | description of the services, goods, or other property to be provided under the contra | act. | | • |
| | DIR Contract No. DIR-TSO-4167 Project No. 03-19-S47-01 Annual Software Maintenance for critical Network and | Maintenance Se | rvice Equipme | ent |
| | | | | uture of interest |
| 4 | Name of Interested Party City, State, Country | ry (place of busine | | neck applicable) |
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| 5 | Check only if there is NO Interested Party. | | | s e |
| 6 | UNSWORN DECLARATION | | - | * . |
| | My name is Hien Nguyen | _, and my date of t | oirth is11/1/ | 1974 |
| | My address is 2500 West Loop South, Suite 410 Hous (street) (city) | | X , 7702 ate) (zip co | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | |
| | Executed in Harris County, State of Texas | s, on the | 4th_day of | April , 2019 |
| | <u> </u> | | | (month) (year) |
| | 1/- | -1/19- | | |
| | Signature of author | prized agent of cont | racting business | entity |
| | . Signatuje di autili | (Declarant) | acting business | Chury |

FORM **1295**

| Complete 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 O | | | | | |
|--|---|---|----------------------------|-------------------|--------------|
| 1 | Name of business entity filing form, and the city, state and count of business. | | ficate Number: 0-472494 | | |
| | Netsync Network Solutions Houston, TX United States | | Date | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to th | e contract for which the form is | | 4/2019 | |
| | being filed. City of McAllen | | Date | Acknowledged: | |
| | Sity of Monitori | | | 5/2019 | |
| 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 |
| | DIR Contract No. DIR-TSO-4167 Project No. 03-19-S47-01 Annual Software Maintenance for o | critical Network and Maintenance Se | ervice | Equipment | |
| 4 | | | | Nature of | |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | | |
| | | | | | |
| | My address is(street) | ,,,, | , ate) | (zip code) | (country) |
| | , , | , | - | • • • | ., |
| | I declare under penalty of perjury that the foregoing is true and correct | ¢ţ. | | | |
| | Executed inCount | y, State of, on the _ | c | - | _, 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of con | tracting | a business entity | |
| | | (Declarant) | | , | |

| CERTIFICATE OF INTERESTED PART | TIES | ş | ORM 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. | | | USE ONLY ION OF FILING |
| Name of business entity filing form, and the city, state and country of the business entity's place of business. Juan Carlos Castillo | | | ei: |
| Mission, TX United States Name of governmental entity or state agency that is a party to the | e contract for which the form is | Date Filed: 03/12/2019 | |
| being filed. City of McAllen | | Date Acknowled | ged: |
| 3 Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 03-19-SP06-63 PURCHASE AND DELIVERY OF VARIOUS REFUSE CONTA | ed under the contract. | the contract, and | provide a |
| 4 Name of Interested Party | City, State, Country (place of busin | | re of interest ck applicable) |
| <u></u> | | Controllin | ng Intermediary |
| Castillo, Juan | Mission, TX United States | × | |
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| 5 Check only if there is NO Interested Party. | | | |
| 6 UNSWORN DECLARATION | | | , |
| My name is Tuan Corlos Contillo | and my date of | birth is 12/ | 27/1484 |
| My address is 3810 Cristian fema 51. | Mission (a) | 12 7857- (zip code) | (country) |
| J declare under penalty of perjury that the foregoing is true and correct | | | |
| Executed in Hidraly C County | , State of Tryus, on the | | onth) (year) |
| | 2. C1 | | |
| | Signature of authorized agent of con (Declarant) | | |
| orms provided by Texas Ethics Commission www.ethi | ics.state.tx.us | Ver | sion V1.1.39/80390 |

FORM 1295

| | Complete 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. | ry of the business en | tity's place | | ficate Number: -462998 | |
| | Juan Carlos Castillo | | | | | |
| _ | Mission, TX United States | | | | Filed: 2/2019 | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for which t | he form is | 03/12 | 212019 | |
| | City of McAllen | | | | Acknowledged: 2/2019 | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided. | | | the co | ontract, and prov | /ide a |
| | 03-19-SP06-63 PURCHASE AND DELIVERY OF VARIOUS REFUSE CONTA | AINERS & PARTS | | | | |
| 4 | | | | | Nature o | finterest |
| 7 | Name of Interested Party | City, State, Country | (place of busine | ess) | (check ap | · · · · · · · · · · · · · · · · · · · |
| | | | | | Controlling | Intermediary |
| Ca | astillo, Juan | Mission, TX Unite | d States | | Х | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , | and my date of 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 | l. | | | | |
| | Executed inCounty | , State of | , on the _ | c | lay of | , 20 |
| | | | | | (month) | (year) |
| | | Signature of authori | | racting | g business entity | |
| | | | (הפרועו פוונ) | | | |

| CERTIFICATE OF INTERESTED P | ARTIES | | FOR | м 1295 |
|--|--|------------------|---|---|
| | |) <u>27777</u> | | 1011 |
| Complete New 1 - 4 and 6 if there are interested parties. Complete New 1, 2, 3, 5, and 6 if there are no inversifit partie | ; | | OFFICE USI TIFICATION | |
| None of business untily filing form, and the city, state and of business. CONTAINER COMPONENTS | country of the bushings ontly's place | Cortifi 2019: | icata Numbar: 463849 | |
| Chatsworth, CA United States 2. Name of governmental entity of state agency that is a party | v to the contract for which the form is | Date 7 | | |
| being flied. City of McAllen | - A and a separate statement & to be | Cato / | (cknowladgod) | |
| Provide the identification number used by the government description of the services, goods, or other property to be 03-19-SP00-63 PURCHASE AND DELIVERY OF VARIOUS REFUSE C | provided under the contract. | y the co | nicae), and pro | ्रितं ते |
| 4 Flamo of Interested Earty | City, State, Country (place of business | noas) | Natura o (oheck of | plicable) |
| Taylar, Gralg | Chatsworth, GA United States | \dashv | Controlling X | Intormediary |
| Taytir, Karl | McKinley, TX United States | - 4 atom | X ⁻ | |
| Taylor, Laura | Burbank, CA United Status | | X . | |
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| 5 Check only if there is NO Interested Party. | | | | |
| TUNSWORN DECLARATION | | | 2 49 1 5 | <u>.</u> |
| Myritanolis LAVOM TAYLOR | ्र वर्षत प्राप्त प्रदेश हो। | bitth is _ | (| <u>, </u> |
| My distribution of the State (Missi) | 1900) (c | dalay | (7/40/ (meda) | (rejetity) |
| I declare under penalty of popery that the foregoing is true and of | / A | <u>/Y</u> .a., | y of Mirch | _20 <u>14</u> |
| · <u>_ </u> | Jan January of multipliar a agent of con- | វិទល់ដំឡើញ (| Vilniv sasistoni | * |
| orms provided by Texas Ethics Commission ww | restance of matter by sentences. (see start) (see start) (see start) (see start) | | | V1.1.2910039i |

FORM 1295

| | Complete 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. | Certificate Number: 2019-463849 | | | |
| | CONTAINER COMPONENTS Chatsworth, CA United States | | Date | Eilad- | |
| 2 | Name of governmental entity or state agency that is a party to the | e contract for which the form is | Date Filed: 03/14/2019 | | |
| | being filed. | | | A almountaries de | |
| | City of McAllen | | | Acknowledged: 2/2019 | |
| 3 | Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi | ity or state agency to track or identify ded under the contract. | the c | ontract, and prov | vide a |
| | 03-19-SP06-63 PURCHASE AND DELIVERY OF VARIOUS REFUSE CONT | AINERS & PARTS | | | |
| 4 | | | | Nature of | _ |
| | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | · |
| - | day Ordin | Chatavarth CA United States | | Controlling | Intermediary |
| | ylor, Craig | Chatsworth, CA United States | | X | |
| Ta | ylor, Karl | McKinley, TX United States | | × | |
| Ta | ylor, Laura | Burbank, CA United States | | × | |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | · | - |
| | My address is(street) | | tate) | (zip code) | (country) |
| | (sneer) | (city) (a | iate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | ct. | | | |
| | Executed inCount | y, State of, on the | | day of(month) | , 20 (year) |
| | | Signature of authorized agent of cor | ıtractin | g business entity | |
| | me provided by Tayas Ethics Commission | (Déclarant) | | Maraian | V1 1 30f8030c |

FORM 1295

| | Complete 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 filling form, and the city, state and country of business. | the business entity's place | | icate Number: -476594 | |
| | Box Gang Manufacturing | | 2010 | 410004 | |
| | Houston, TX United States | | | Filed: | Î |
| 2 | Name of governmental entity or state agency that is a party to the conbeing filed. | tract for which the form is | 04/1 | 5/2019 | |
| | City of McAllen | • | Date | Acknowledged: | |
| | | | | _ | , |
| 3 | Provide the Identification number used by the governmental entity or description of the services, goods, or other property to be provided up | state agency to track or identify nder the contract. | the co | ontract, and prov | ide a |
| | 03-19-SP06-63 | | | | |
| | SUPPLY CONTRACT FOR THE PURCHASE OF VARIOUS REFU | JSE CONTAINERS & PARTS | | | |
| | T | *************************************** | | Nature of | interest |
| 4 | Name of Interested Party City | , State, Country (place of busine | ess) | (check ap | |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | Till 2 | | | a - | 12 |
| | My name is 1'Ttuny (Caye | , and my date of I | olrth is | 1/5-1 | <u>دو</u> |
| | My address is 16736 8-Hardy Rd. | Course To | · | 27027 | 1111 |
| | My address is 10.17.0 C-1+& ray 100. | (city) (st | ate) | (zin code) | (country) |
| | fancoh | Jan 191 | , | /m·h annot | (|
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed inCounty, Sta | te of, on the _ | | lay of | , 20 |
| | 1 | | | (month) | (year) |
| | \prec | 4// | | ./ / - | - 10 |
| | <u> </u> | Hat Ya. | | 4-15 | -19 |
| | Significant | nature of authorized agent of cont (Decident) | racting | business entity | |
| _ | rms provided by Toyas Ethics Commission www.ethics.s | | | | V1 1 39f8039a |

FORM **1295**

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|----------|---|--------------------------|--|---|---|--------------------------|---|
| Co Co | mplete Nos. 1 - 4 and 6 if there are interested parties. mplete Nos. 1, 2, 3, 5, and 6 if there are no interested part | ies. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| | me of business entity filing form, and the city, state an business. | d countr | y of the business er | ntity's place | | icate Number: -476594 | |
| Bo | x Gang Manufacturing | | | , | | | |
| | ouston, TX United States | | | | Date I | Filed: | |
| 2 Na | me of governmental entity or state agency that is a par | rty to the | contract for which | the form is | - | /2019 | |
| | ing filed. | | | | Date : | A alemanda da a de | |
| Cit | y of McAllen | | | | | Acknowledged: 5/2019 | |
| de | ovide the identification number used by the government scription of the services, goods, or other property to b | ntal entity e provide | or state agency to ed under the contrac | track or identify t. | the co | ntract, and prov | ride a |
| | -19-SP06-63 JPPLY CONTRACT FOR THE PURCHASE OF VAF | RIOUS R | EFUSE CONTAIN | ERS & PARTS | | r | |
| 4 | Name of Interested Party | | City, State, Country | (place of busine | ess) | Nature of | • |
| | Committee on account a supply of a second | 1 | and and and and and a second | Aliana at manie | 7 | Controlling | Intermediary |
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| 5 Ch | eck only if there is NO Interested Party. | | | | | | |
| 6 ÚN | SWORN DECLARATION | | | | | | |
| Му | name is | | | and my date of t | ointh is | | · |
| Му | address is | | | | - | | · · |
| | (street) | | (city) | (Śla | ate) | (zip code) | (country) |
| 1 de | eclare under penalty of perjury that the foregoing is true an | d correct. | | | | | |
| Ex | ecuted in | _County, | State of | , on the _ | d | ay of | , 20 |
| | | • | | | | (month) | (year) |
| | _ | | Signature of authori | zed agent of cont (Declarant) | racting | business entity | |

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. 2019-476345 Dell Marketing L.P. Round Rock, TX United States Date Filed: 04/12/2019 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City Of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. OptiPlex 7060's, purchase of Computer Hardware Products with Dell Marketing L.P. for purchases through DIR-TSO-3763 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Round Rock, TX United States Х Dell, Michael 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is Dennis Brabandt One Dell Way Round Rock TX 78682 I declare under penalty of perjury that the foregoing is true and correct. Executed in Williamson County, State of Dernie Brabandt Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

l 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 FILIN | | | | | | | |
|----|--|---|------------------------------------|--------------|--|--|--|--|
| 1 | Name of business entity filing form, and the city, state and country of business. | of the business entity's place | Certificate Number: 2019-476345 | | | | | |
| | Dell Marketing L.P. | · | 2019-470343 | | | | | |
| | Round Rock, TX United States | | Date Filed: | | | | | |
| 2 | Name of governmental entity or state agency that is a party to the c | contract for which the form is | 04/12/2019 | | | | | |
| | being filed. City Of McAllen | | Date Acknowledged: | | | | | |
| | ony of morning. | | 04/12/2019 | | | | | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided | or state agency to track or identify d under the contract, | the contract, and pro | vide a | | | | |
| | PO 3000034367173.1 | | | | | | | |
| | OptiPlex 7060's, purchase of Computer Hardware Products with | n Dell Marketing L.P. for purchase | _ | | | | | |
| 4 | | | | finterest | | | | |
| | Name of Interested Party | City, State, Country (place of busine | · | Intermediary | | | | |
| _ | | | Controlling | intermediary | | | | |
| De | II, Michael | Round Rock, TX United States | X | | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | | |
| | My name is | , and my date of b | irth is | | | | | |
| | My address is | _,, | | , | | | | |
| | (street) | (city) (sta | ite) (zip code) | (country) | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed inCounty, § | State of, on the _ | day of | , 20 | | | | |
| | | | (month) | (year) | | | | |
| | | Signature of authorized agent of contr | racting husiness entity | | | | | |
| | | (Declarant) | coomess endly | | | | | |

Forms provided by Texas Ethics Commission

| | CERTIFICATE OF INTERESTED PART | ries | | FOR | м 1295 | |
|----------|--|--|----------|--------------------------|------------------------------|--|
| Ĺ., | · | | | | 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 | of business. | | | icate Number: -477035 | | |
| | Houston Freightliner Houston, 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 | | /15/2019 | | |
| | 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 at 10 PRO 01 | ty or state agency to track or identify led under the contract. | the co | intract, and pro | vide a | |
| | 03-19-P29-01 Roll-Off Trucks | | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | Nature of (check ar | interest | |
| | - | | | Controlling | Intermediary | |
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| 5 | Check only if there is NO interested Party. | | | | | |
| | UNSWORN DECLARATION | · | | | | |
| | My name is <u>Adam Neuse</u> | , and my date of | birth is | 03/02/ | (988 | |
| | My address is 4550 North Loop East (street) | . Houston . T | <u>_</u> | 77029 | US | |
| | (street) | (city) (st | ate) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | | |
| | Executed inCounty | , State of Texas, on the | 15 d | ay of(month) | , 20 <u>1</u> 9 . | |
| | | | | , | | |
| | | Signature of authorized agent of con | tracting | business entity | | |
| 501 | ms provided by Texas Ethics Commission www.eth | (Declarant) lics.state.tx.us | | | V1.1.39f8039c | |

www.ethics.state.tx.us

FORM **1295**

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|---|---|---|----------|----------------------------|--------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | , | CEI | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and country of business. | of the business entity's place | | ficate Number: 0-477035 | |
| | Houston Freightliner | | 2018 | 1-411033 | |
| | Houston, TX United States | | 1 | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the form is | 04/1 | 5/2019 | |
| | City of McAllen | | Date | Acknowledged: | |
| | • | | 04/1 | 5/2019 | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide | or state agency to track or identify d under the contract. | the c | ontract, and prov | /ide a |
| | 03-19-P29-01 Roll-Off Trucks | | | | |
| , | T | | | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country (place of busin | ess) | (check ap | plicable) |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | • | | |
| | My name is | , and my date of | birth is | | · |
| | My address is | | | | |
| | (street) | (city) (s | late) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | |
| | Executed inCounty, | State of, on the | | lay of | , 20 |
| | | | | (month) | (year) |
| | | | | | |
| | | Signature of authorized agent of con (Declarant) | tracting | business entity | |

FORM **1295**

1 of 1

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|-----|--|---|-------------|----------------------------|-----------------|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CEI | OFFICE USE | |
| 1 | Name of business entity filing form, and the city, state and cour of business. | ntry of the business entity's place | | ficate Number: 9-465824 | |
| | R.L. Abatement, Inc. | | | 700024 | |
| | Weslaco, TX United States | | | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the | he contract for which the form is | 03/2 | 0/2019 | |
| | being filed. City of McAllen | | Date | Acknowledged: | |
| | City of McAilett | | | | |
| 3 | Provide the identification number used by the governmental end description of the services, goods, or other property to be provi | tity or state agency to track or identified under the contract. | ify the c | ontract, and prov | ide a |
| | 03-19-C17-423 | | | | |
| | Demolition of Former Duda Building | | | | |
| | · | | | Nature of | interest |
| 4 | Name of Interested Party | City, State, Country (place of bus | siness) | (check ap | |
| | _ | | • | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | • | |
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| 0 | UNSWORN DECLARATION | | | | |
| | My name isRoberto Valladares, Jr. | , and my date | of birth is | s <u>01/29/195</u> | 1 |
| | My address is PO Box 332 | Weslaco | Texas | 78599 | . USA . |
| | (street) | ,,,,, | (state) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and corre | ect. | | | |
| | | _ | 204 | h Marah | 10 |
| | Executed in Hidalgo Cour | nty, State of <u>lexas</u> , on t | he | h _{day of} March | , 20_19 |
| 1 | lia () lan ano | | | (month) | (year) |
| 1/. | mille ralevalor - | D 1/ 201 | | | |
| ľ | The state of the s | Hotel Vallade | | | |
| | AMELIA PALOMARES | Signature of authorized agent of (Declarant) | contractin | ng business entity | |
| F | | thics.state.tx.us | | Version | V1.1.39f8039 |
| , (| My Commission Expires | anosistate.tx.us | | A C121011 | · • 4.4.0510005 |

June 8, 2021

FORM 1295

| Γ | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | 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. R.L. Abatement, Inc. | | | Certificate Number: 2019-465824 | | |
| | Weslaco, TX United States | | Da | ite Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to | the contract for which the | 1 | 03/20/2019 | | |
| | being filed. | | l _n | ite Acknowledged | | |
| Ì | City of McAllen | | - I | /24/2019 | • | |
| 3 | 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. | | | | | |
| | 03-19-C17-423 | | | | | |
| | Demolition of Former Duda Building | | | | | |
| 4 | | | | Nature o | of interest | |
| 4 | Name of Interested Party | City, State, Country | (place of business | ` | pplicable) | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | | and my date of birth | n is | | |
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| | My address is(street) | (city) | (state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and con | rrect. | | | | |
| | Executed inCo | unty, State of | , on the | | | |
| | | | | (month) | (year) | |
| | Signature of authorized agent of contract | | | ting business entity | | |
| Ļ | rms arouided by Toyon Ethion Commission | | (Declarant) | Vorcio | V/1 1 2010020a | |
| H0 | rms provided by Texas Ethics Commission www. | .ethics,state,tx,us | | versior | V1.1.39f8039c | |

| | C. | · · · · · · · · · · · · · · · · · · · | | | | |
|--|--|---|--------------------|-------------|--------------|--|
| Complete 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 Name of business entity filling form, and the city, state and country of the business entity's place of business. Texas Cordia Construction, 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 filled. City of McAllen 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-19-C20-332 South 10th Street Waterline Bore Project Name of Interested Party City, State, Country (place of business) | | | | | | |
| ŕ | • | TIFS | | | | |
| | | 1120 | | FOR | м 1295 | |
| | | _ | | | 1 of 1 | |
| | Complete Nos, 1 - 4 and 6 if there are interested parties. | | CE | | | |
| 1 | | itry of the business entity's place | 4 | | OF FILING | |
| | of business. | , | | | | |
| . | , · | | Date | Filed: | | |
| 2 Name of governmental entity or state agency that is a party to the contract for | | ne contract for which the form is | 04/1 | 0/2019 | | |
| | _ | | Date Acknowledged: | | | |
| _ | | | <u> </u> | | | |
| CERTIFICATE OF INTERESTED PARTIES Total Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. I Name of business entity filing form, and the city, state and country of the business entity's place of business. Texas Cordia Construction, 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 The 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. A Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermedian Inte | | | | | | |
| | CERTIFICATE OF INTERESTED PARTIES Complete Nos. 14 and 6 if there are interested parties. Complete Nos. 12 and 6 if there are interested parties. Certificate Name of Interested parties. Certificate Name of Interested parties. Certificate Name of Interested parties. Certificate Name of Interested Parties. Certificate Name of Interested Parties. Certificate Name of governmental entity or state agency that is a party to the contract for which the form is being filled. Oata Acknowledged: | | | | | |
| | South 10th Street Waterline Bore Project | parties. e and country of the business entity's place party to the contract for which the form is City, State, Country (place of business) Edinburg, TX United States | | | | |
| 4 | Name of Interested Party | City, State, Country (place of bush | · · | | | |
| | The state of the s | City ordinal occurry (bixes of accur | | | | |
| Isa | ac, Heredia | Edinburg, TX United States | | × | | |
| Co | rbitt, Yara | Edinburg, TX United States | | х | | |
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| 5 | Check only if there is NO Interested Party. | | | | | |
| description of the services, goods, or other property to be provided under the contract. 04-19-C20-332 South 10th Street Waterline Bore Project 4 Name of Interested Party City, State, Country (place of business) Isaac, Heredia Edinburg, TX United States Corbitt, Yara Edinburg, TX United States Corbitt, Yara Edinburg TX United States 5 Check only If there is NO Interested Party. 6 UNSWORN DECLARATION My name is Yara M. Corbitt, PE, CEO and my date of birth is My address is | | | • | | | |
| | My name is Yara M. Corbitt, PE, CEO | , and my date o | f birth i | s_11/09/197 | <u>'9</u> | |
| | My address is 3149-A Center Pointe Drive | , Edinburg . | TX . | 78539 | _, USA . | |
| | · | | state) | (zip code) | (country) | |
| | I declare under penalty of perjury that the foregoing is true and corre | ct. | | | | |

Forms provided by Texas Ethics Commission

Executed in _

www.ethics:state.tx.us

County, State of <u>Texas</u>, on the <u>11</u> day of <u>April</u>

Signature of authorized alient of contracting business entity (Declarant)

Version V1.1.39f8039c

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-474717 Texas Cordia Construction, LLC Edinburg, TX United States Date Filed: 04/10/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 04/25/2019 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. 04-19-C20-332 South 10th Street Waterline Bore Project Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Х Isaac, Heredia Edinburg, TX United States Х Corbitt, Yara 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** ___, and my date of birth is _ My name is __ My address is ____ (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______ County, State of _____, on the ____day of ___ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-460629 M.J.A. Construction, LLC Date Filed: MISSION, TX United States 03/06/2019 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. ITB-Intersection Improvements- 3 Mile and Taylor Road Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary GONZALEZ, SONYA Mission, TX United States 5 Check only if there is NO interested Party. **6 UNSWORN DECLARATION** and my date of birth is 07/01/1975My name Is Sonya A. Gonzalez My address is 3100 Hackberry Ave. Mission 78574 USA (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo _County, State of Texas 2019 on the 6th day of March Signature of authorized agent of contracting business entity (Declarant) (Declarant) Forms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1,1.28ab6150

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: 2019-460629 | | | |
| | M.J.A. Construction, LLC | | | | | | |
| _ | MISSION, TX United States | | | Date Filed: 03/06/2019 | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | ie contract for which the form is | 03/ | 00/2013 | | | |
| | 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. | | | | | | |
| | 03-19-C11-221 ITB-Intersection Improvements- 3 Mile and Taylor Road | | | | | | |
| 4 | | | | Nature of | interest | | |
| 4 | Name of Interested Party City, State, Country (place of busin | | siness) | | · | | |
| | | | | Controlling | Intermediary | | |
| G | ONZALEZ, SONYA | Mission, TX United States | | х | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | - | | | | | |
| | My name is, and my date of birth is | | | | | | |
| | My address is | 7 | (mlet-) | | | | |
| | ,, | (city) | (state) | (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed inCount | y, State of, on t | ne | | , 20 | | |
| | | | | (month) | (year) | | |
| | · | Signature of authorized agent of (| contracti | ing business entity | | | |
| | tecaseny | | | | | | |

ACKNOWLEDGED 12951.5/13/19 RS

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

| | | | | | 1 of 1 | | |
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| Collibies 1102: Y - 4 still a ti tiele ore uterazien barnes: | | | | | OFFICE USE ONLY RTIFICATION OF FILING | | |
| 1 | of business. 201 Greenscapes Six, LLC | | | erificate Number: 019-489804 | | | |
| | Baytown, TX United States | | | ate Filed: 5/13/2019 | | | |
| 2 | being filed. | | | | a Acknowledged: | | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided. 04-19-S51-01 TEE & BUNKER RECONSTRUCTION AT MCALLEN GOLF | led under the contract. | lentify the c | ontract, and pro | ride a | | |
| 4 | | City, State, Country (place of | huelnaec) | Nature o (check aş | | | |
| | Name of Interested Party | CHY, State, Continy (page of | (RESILESS) | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | |
| 3 | UNSWORN DECLARATION | | | | | | |
| | My name is MIKE ARHCER | , and my d | ate of birth is | MAY 30, 1968 | · | | |
| | My address is | , BAYTOWN (dty) | XTX | 77523 (zip code) | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | 20.10 | | |
| | Executed in CHAMBERS County | Nath of TEXAS C | n the 13 c | itey of <u>MAY</u> (month) | , 20 <u>_19</u> (year) | | |
| | The provided by Toyas Ethios Commission | Signature of authorized agent (Declarent | of contracting) | | V1 1 20f8/130c | | |

FORM **1295**

| _ | | | | - | | |
|-------|---|--|-----------------|--|----------------|--|
| | Complete Nos. 1 · 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 pla | | tificate Number: 9-489804 | | |
| | Greenscapes Six, LLC Baytown, 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 | | 13/2019 | | |
| | being filed. City of McAllen | | | Acknowledged: | | |
| | | | | L3/2019 | | |
| 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 led under the contract. | identify the o | contract, and prov | /ide a | |
| | 04-19-S51-01 TEE & BUNKER RECONSTRUCTION AT MCALLEN GOLF O | COURSE | | | | |
| 4 | _ | | | Nature of | | |
| • | Name of Interested Party | City, State, Country (place o | f business) | (check applicable) Controlling Intermedia | | |
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| 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 | | | | | |
| | Executed inCounty | y, State of | on the | day of(month) | , 20 (year) | |
| | | | | () | J. week | |
| | | Signature of authorized agen | | ng business entity | | |
| | (Declarant) | | | | | |

FORM **1295**

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|-------|---|--|--|--------------|--|--|--|--|
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | OFFICE USE ONLY CERTIFICATION OF FILING | | | | | |
| 1 | of business. | y of the business entity's place | Certificate Number: 2019-483531 | | | | | |
| | Accela, Inc. San Ramon, CA United States | | Date Filed: | | | | | |
| 2 | | contract for which the form is | 04/29/2019 | | | | | |
| | being filed. | | Date Acknowledge | 4. | | | | |
| | City of McAllen | | Date Helitericage | ••• | | | | |
| 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. 04-19-S50-01 Software Maintenance Agreement | | | | | | | |
| _ | | , , , , , , , , , , , , , , , , , , , | Nature | of interest | | | | |
| 4 | Name of Interested Party | City, State, Country (place of busine | ess) (check : | applicable) | | | | |
| | | | Controlling | Intermediary | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| 3 | UNSWORN DECLARATION | | | | | | | |
| | _{My name is} David Kwan | and an about of the | irth is 12/08/67 | , | | | | |
| | | , and my date of b | ITM IS 12700701 | | | | | |
| | My address is 2633 Camino Ramon | San Ramon CA | , | USA | | | | |
| | (street) | (city) (sta | te) (zip code) | (country) | | | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | | |
| | Executed in Contra Costa County, | State of <u>CA</u> , on the <u>3</u> | 30 th _{day of} April | 20 19 | | | | |
| | | ——DocuSigned by: | (month) | | | | | |
| | | David Lewa | ua. | | | | | |
| | ************************************** | 27666026095242 | 24 | | | | | |
| | | Signature of authorized agent of contro (Declarant) | acting business entity | ' | | | | |
| | | | | | | | | |

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-483531 Accela, Inc. San Ramon, CA United States Date Filed: 04/29/2019 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 05/01/2019 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. 04-19-S50-01 Software Maintenance Agreement Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** My name is _ _____, and my date of birth is _ My address is ___ (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. ____, on the _ County, State of ___ _day of _ Executed in _ (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

Version V1.1,39f8039c

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 countr of business. | ry of the business entit | | Certificate Number: 2019-445795 | | | |
| | First United Methodist Church of McAllen McAllen, TX United States | | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the | form is | 01/28/2019 | | | |
| | City of Mcallen-Community Development Department | | | Date Acknowledged: 05/07/2019 | | | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide | y or state agency to tra ed under the contract. | ick or identify t | the contract, and pro | vide a | | |
| | B-18-MC-48-0506 Shoes | | | | | | |
| 4 | Name of the same o | Pile Desta Paris | logs of the c | | f interest | | |
| | Name of Interested Party | City, State, Country (p | nace or busine | ss) (check ap Controlling | pplicable) Intermediary | | |
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| 5 | Check only if there is NO interested Party. | | | | | | |
| 6 | UNSWORN DECLARATION | | | | | | |
| | My name is | , a | nd my date of bi | irth is | · . | | |
| | My address is(street) | (city) | ,, | te) (zip code) | , (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | • • | | | |
| | | • | | | | | |
| | Executed inCounty, | State of | , on the | day of(month) | , 20 (year) | | |
| | | | a | | | | |
| | · · · · · · · · · · · · · · · · · · · | Signature of authorized (C | d agent of contri Declarant) | acting business entity | | | |
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FORM 1295

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|--|---|---|--------------------|---|-----------------------------|--|--|
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | | OFFICE USE ONLY CERTIFICATION OF FILING | | | |
| 1 | Name of business entity filing form, and the city, state and co of business. | Certificate Number: 2019-445795 | | | | | |
| | First United Methodist Church of McAllen | • | | | | | |
| 7 | McAllen, TX United States Name of governmental entity or state agency that is a party to | | Filed: 3/2019 | | | | |
| - | being filed. | | | State A. Francisco de mada | | | |
| | City of Mcallen-Community Development Department | | Date Acknowledged: | | | | |
| 3 | Provide the Identification number used by the governmental description of the services, goods, or other property to be pro- | entity or state agency to track or identify | the co | ontract, and pro | vide a | | |
| | B-18-MC-48-0506 | oanten minet mis gotinger | | | | | |
| | Shoes | | | | | | |
| 4 | | | | | f interest | | |
| | Name of Interested Party | City, State, Country (place of husin | ess) | (check a) Controlling | pilcable) Intermediary | | |
| _ | | ma all or | | | | | |
| | Navy Susan Hellums | Meallen, Texas | | ······································ | | | |
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| 5 | Check only if there is NO Interested Party. | | | | , | | |
| 6 | UNSWORN DECLARATION | /7 | | , , | | | |
| | My name is Mary Sasan Hellans & Mary Susa | Allurum, and my date of | birth is | 10/12/5 | 3 | | |
| | My address is 3020 Humming bird | nacallon | TV | nocael | u.s.A. | | |
| | My address is 3000 70000 (street) | <u>, rucallen</u> . T | tate) | (zip code) | (country) | | |
| | | | | | | | |
| | I declare under penalty of perjury that the foregoing is true and co | | 114 | /un -1 | .ee | | |
| | Executed in 7100101 co | ounty, State of TEXAS, on the | <i>[[</i> | day of <u>Olyn 1</u> (month) | , 20 <u>/7_</u> . (year) | | |
| | EVANGELINA GONZALEZ | 2-1 | | 4 4 | (3001) | | |
| | NOTARY PUBLIC STATE OF TEXAS | Thankork Sen | oll | W- | | | |
| | MY COMM. EXR. 8/30/2019 NOTARY ID 13039012-9 | Signature of authorized agent of cor (Declarant) | ntractin | g business entity | | | |
| En | | v.ethics,state,tx.us | | | V1.1.28ab6150 | | |

| | CERTIFICATE OF INTERESTED PARTI | ES | \bigvee | FOR | м 1295 | | |
|---|---|---|--------------------|--|------------------------------|--|--|
| | | A Company | | <i></i> | 1 of 1 | | |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | C | OFFICE USE ONLY CERTIFICATION OF FILIN | | | |
| 1 | Name of business entity filing form, and the city, state and country of business. Thomas Turfgrass | of the business entity's | | Certificate Number: 2019-493610 | | | |
| | Wharton, TX United States | | | Date Filed: | | | |
| 2 | Name of governmental entity or state agency that is a party to the obeing filed. City of McAllen | or state agency that is a party to the contract for which the form is | | | | | |
| 3 | Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 04-19-P32-01 turfgrass | or state agency to track d under the contract. | or identify th | | | | |
| 4 | | | | Nature of interest (check applicable) Controlling Intermediary | | | |
| • | Name of Interested Party | City, State, Country (plac | e of business | OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2019-493610 Date Filed: 05/21/2019 Date Acknowledged: 6/2 3/10 10 the contract, and provide a Solution of Interest (check applicable) Controlling Intermediary Dirth is 2-2657 Tyes usa and provide a (country) Original of 19 (year) | | | |
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| _ | | | <u> </u> | | | | |
| | | | | | <u> </u> | | |
| 5 | Check only if there is NO Interested Party. | | | | | | |
| 6 | My name is Debbie Novosed | and (| my date of birt | his 2-28 | 57. | | |
| | | | | | | | |
| | My address is 3931 CR 154 (street) | . <i>Uharten</i> (city) | (state | | (country) | | |
| | I declare under penalty of perjury that the foregoing is true and correct. | | | | | | |
| | Executed in Wharton County, | State of Texas | , on the <u>2/</u> | day of Mu (month) | 1 , 20 <u>19</u> . (year) | | |
| | | - July 10 01 1 | mase | | | | |
| | | Signature of authorized a | gent of contra- | 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. | | CEF | OFFICE USE | |
|---|---|--|---------------------------------|-------------------|--------------|
| 1 | Name of business entity filing form, and the city, state and countr of business. | y of the business entity's place | Certificate Number: 2019-493610 | | |
| | Thomas Turfgrass | | 2010 | 100010 | |
| | Wharton, TX United States | | | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | contract for which the form is | 05/21 | L/2019 | |
| | City of McAllen | | Date . | Acknowledged: | |
| | | | 05/22 | 2/2019 | |
| 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 provide | ed under the contract. | | | |
| | 04-19-P32-01 turforage | | | | |
| | turfgrass | | | | |
| 4 | | | | Nature of | |
| | Name of Interested Party | City, State, Country (place of busine | ess) | (check ap | |
| | | | | Controlling | Intermediary |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of | birth is | | , |
| | My address is | , | | | |
| | (street) | (city) (st | tate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | |
| | Executed inCounty | , State of, on the | | tay of | , 20 |
| | | | | (month) | (year) |
| | | Signature of authorized agent of con (Declarant) | tracting | g business entity | |

| | CERTIFICATE OF INTERESTED PAR | TIES | | | FOR | м 1295 |
|----|--|---------------------------------------|--|---|--|-----------------------------|
| | | | | | | 1 of 1 |
| | Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | | OFFICE USE ONLY CERTIFICATION OF FILING | | |
| 1 | of business. | | | | ficate Number: 0-493354 | |
| | FarrWest Environmental Supply, Inc. Schertz, TX United States | | | | Filed: | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | e contract for w | hich the form is | 05/2 | 0/2019 | : |
| | City of McAllen | | | | Acknowledged: | |
| 3 | Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to 100,000,000. | ity or state agen ded under the co | cy to track or identify | y the c | ontract, and pro | vide a |
| | 05-19-P34-01 Hazmat ID Command System | | | | | |
| 4 | Name of Liver and J Dorday | 0.4.04.4.0 | ! | | | f interest |
| | Name of Interested Party | City, State, Co | untry (place of busin | Controlling | | plicable) Intermediary |
| Fε | rr, James | SCHERTZ, | TX United States | ; | Х | <u> </u> |
| Αc | lams, Eileen | Schertz, TX | United States | ţ | x | |
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| | | <u> </u> | | | | |
| | | <u> </u> | | | | <u></u> |
| 5 | Check only if there is NO Interested Party. | | namine em transfer na l'alternative a versa e la versa entre entre e la versa entre entre e la versa entre e la versa entre e la versa entre entre e la versa entre entre entre e la versa entre entre e la versa entre e la versa entre e la versa entre entre entre e la versa entre | | an man an managamente de la companya (1) — | |
| 6 | UNSWORN DECLARATION | | , | | | |
| | My name is TRAVIS BROWN | | and my date of | birth is | 04/09 | 1981. |
| | My address is 108 Comptancial PL (street) | | <u>(city)</u> (s | state) | 78154 (zip code) | . <u>USA</u> . (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | et. | | | | |
| | Executed in GUADACUPE Count | y, State of <u>'</u> 7 | EXAS, on the | <u>20 </u> | day of <u>MAY</u> | , 20 <u>/9</u> . (vear) |
| | | | | | • | |
| | | Signature of a | authorized agent of cor (Declarant) | ntracitine | g business entity | |
| | | | | <u> </u> | | |

FORM **1295**

| _ | | | | | |
|----|--|---------------------------------------|---|----------------|-----------------|
| | Complete Nos. 1 - 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: 2019-493354 | | |
| | FarrWest Environmental Supply, Inc. Schertz, TX United States | | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to the being filed. | е contract for which the form is | 05/20/20 | 019 | |
| | City of McAllen | | | knowledged: | |
| _ | | | 05/21/20 | | |
| 3 | Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided. | the conti | ract, and provi | de a | |
| | 05-19-P34-01 Hazmat ID Command System | | | | |
| 4 | | | Nature of interest (check applicable) | | |
| | Name of Interested Party | City, State, Country (place of busine | ,ss) | Intermediary | |
| Fa | Farr, James SCHERTZ, TX United States | | | (| |
| Ad | ams, Eileen | Schertz, TX United States | × | (| |
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| | and the state of t | e e e e e la lagraga en la c | | · | Service of |
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| 5 | Check only if there is NO Interested Party. | | | | |
| 6 | UNSWORN DECLARATION | | | | |
| | My name is | , and my date of t | oirth is | | · • |
| | My address is(street) | (cily) (st | , ate) | (zip code) | (country) |
| | I declare under penalty of perjury that the foregoing is true and correct | | | | |
| | , , , , , | | | _ | |
| | Executed inCounty | , State of, on the _ | day | of(month) | _, 20 (year) |
| | | Signature of authorized agent of cont | racting bu | usiness entity | |
| | | (Declarant) | | | |

CERTIFICATE OF INT 'ESTED 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. 2019-446249 SpawGlass Contractors, Inc. Harlingen, TX United States Date Filed: 01/29/2019 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. 02-19-C10-556 **General Contracting Services** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary

| | | | | | | - | |
|---|-------------------------|------------------------------------|------------------|---------------------|--------------------------|--------------------------------|---------------|
| | | | | | | | |
| 5 | Check only if there is | NO Interested Party. |] | | | | |
| 6 | UNSWORN DECLARA | TION | | | | | |
| | My name is | Eric Ker | nedy | , and i | ny date of birth is _ | 03/07/1 | 1977 |
| | My address is | 4909 E. Grimes, Ste. | 116 . | Harlingen (city) | ,,,, | 78550 (zip code) | USA (country) |
| | I declare under penalty | of perjury that the foregoing is t | rue and correct. | | | | |
| | Executed in | Cameron | County, State of | Texas | _, on the <u>29th</u> da | y of <u>January</u> (month) | |
| | | | - Ini | Hay | | nt, South Te | exas Divisior |
| | | | (Qianatis | o of amborized or | iont of contracting l | Aucinoce ontitu | |

—(Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2019-446249 of business. SpawGlass Contractors, Inc. Date Filed: Harlingen, TX United States 01/29/2019 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 05/29/2019 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-19-C10-556 General Contracting Services Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** ______, and my date of birth is My name is ___ My address is ___ (zip code) (country) (state) (street) (city) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of _____, on the ____day of ____ Executed in (month) (year) Signature of authorized agent of contracting business entity

(Declarant)

| CERTIFICATE OF INTERESTED PA | RTIES | | FOF | км 129 5 |
|---|---|--|---------------------------------------|------------------------------|
| | | | FOR | 1 of 1 |
| Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. | | CE | OFFICE US | E ONLY |
| Name of business entity filing form, and the city, state and co of business. RGVCM Group, LLC Edinburg, TX United States | untry of the business entity's place | Cert 2019 | ificate Number: 9-466415 Filed: | |
| Name of governmental entity or state agency that is a party to being filed. City of McAllen, Texas | the contract for which the form is | 03/2 | 1/2019 Acknowledged | : |
| Provide the Identification number used by the governmental education of the services, goods, or other property to be property No. 03-19-C18-148 Construction of Miracle Field (Re-Bid) | entity or state agency to track or ider ovided under the contract. | tify the c | ontract, and pro | vide a |
| 4 Name of Interested Party | City, State, Country (place of bu | siness) | | of interest pplicable) |
| City of McAllen | MALLETX United States | | Controlling X | Intermediary |
| | | | | |
| | | | | |
| | | | | |
| 5 Check only if there is NO Interested Party. | | | | <u> </u> |
| UNSWORN DECLARATION | | | | |
| My name is 4056 A. LOPEZ | , and my date | of birth is | 07-14- | ·1953 |
| My address is 601 5.10TH AUE: 1111T A (street) | EDINBURG (city) | TEXAS (state) | 7 953 9 (zip code) | (country) |
| I declare under penalty of perjury that the foregoing is true and corr | | | _ | |
| Executed in HIDAL GO COUNTY Cou | inty, State of TEXAS, on ti | re <u>2 </u> | lay of MARC+ (month) | † , 20 <u>19</u> . (year) |

Signature of authorized agent of contracting business entity (Beclarent)

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 cou of business. | ntry of the business ent | | Certificate Number: 2019-466415 | | |
| | RGVCM Group, LLC | l' | 2019-400415 | | | |
| | Edinburg, TX United States | | ı | Date Filed: | | |
| 2 | Name of governmental entity or state agency that is a party to t | e form is | 03/21/2019 | | | |
| | being filed. | | Į | | | |
| | City of McAllen, Texas | | | Date Acknowledged: 05/30/2019 | | |
| | | | | | | |
| 3 | Provide the identification number used by the governmental en description of the services, goods, or other property to be prov | tity or state agency to tr ided under the contract. | ack or identify t | he contract, and pro | ovide a | |
| | Project No. 03-19-C18-148 Construction of Miracle Field (Re-Bid) | | | | | |
| 4 | | | | Nature o | of interest | |
| • | Name of Interested Party | City, State, Country (| place of busines | ss) (check a | pplicable) | |
| | | | | Controlling | Intermediary | |
| Ci | y of McAllen | Texas, TX United S | States | × | | |
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| | - (a-m) | | | | | |
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| | | | _ | | | |
| 5 | Check only if there is NO Interested Party. | | | | | |
| 6 | UNSWORN DECLARATION | | | | | |
| | My name is | , a | and my date of bi | rth is | · | |
| | My address is(street) | ,(cily) | ,(state | | (country) | |
| | I declare under penalty of perjury that the foregoing is true and corre | | , | | | |
| | enter periody or perjory that the follogoing is the and come | - | | | ł | |
| | Executed inCoun | ty, State of | , on the | day of (month) | , 20 (year) | |
| | | | | | | |
| | Signature of authorized agent of contracting business entity (Declarant) | | | | | |