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: 2020-574205 of business. R.L. Abatement, Inc. Date Filed: Weslaco, TX United States 01/06/2020 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. 11-19-C09-01 AC Pipe & Spoils Material Disposal Project Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling 5 Check only if there is NO Interested Party. X **5 UNSWORN DECLARATION** 01/29/1951 Roberto Valladares, Jr. , and my date of birth is My name is 78599 USA Weslaco Texas PO Box 332 My address is (state) (zip code) (country) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

(Declarant)

AMELIA PALOMARES Notary ID #12340497

My Commission Expires

June 8, 2021

Version V1.1.3a6aaf7d

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. 2020-574205 R.L. Abatement, Inc. Date Filed: Weslaco, TX United States 01/06/2020 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 01/06/2020 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. AC Pipe & Spoils Material Disposal Project Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** , and my date of birth is 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 ___ (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

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. 2020-574603 Ovations Food Services of Texas, LLC Philadelphia, PA United States Date Filed: 01/07/2020 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. 08-19-557-88 Food Services & Hospitality Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Pekala, James Philadelphia, PA United States Rothenberg, Brian Philadelphia, PA United States 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** 9/14/1971 Brian Rothenberg My name is _ , and my date of birth is HOME ADDRESS USA Moorestown My address is 100 Augusta Drive 08057 (street) BUSINESS ADDRESS: 150 Rouse Blvd., 4th Fl., Phila., PA 19112 (state) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. January 20 20 Executed in Philadelphia County, Stale of on the (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. 2020-574603 Ovations Food Services of Texas, LLC Philadelphia, PA United States Date Filed: 01/07/2020 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 01/09/2020 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. 08-19-S57-88 Food Services & Hospitality Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Philadelphia, PA United States Pekala, James Х Philadelphia, PA United States Rothenberg, Brian 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) (zio code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in ___ _____county, State of _____, on the ____ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PART	ΓIES			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	of business.	ry of the business e	entity's place		ficate Number: 0-576830		
	Dell Marketing L.P. Round Rock, TX United States				ate Filed: 1/13/2020		
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 entit description of the services, goods, or other property to be provid RnC-5476 Purchase of 4 ELL Poweredge Servers	ty or state agency to led under the contra	track or ident act.	ify the co	ontract, and prov	∕ide a	
		<u> </u>			Nature o	f interest	-
4	Name of Interested Party	City, State, Country	y (place of bus	siness)	(check ap	<u> </u>	
				,	Controlling	Intermediary	4
De	ell, Michael	Round Rock, TX	United States	s	Х		
		,		<u>-</u>			
5	Check only if there is NO Interested Party.						
6	unsworn declaration My name is Dennis Brabandt		, and my date	of birth is	01/25/1	963	
	One Dell Way	Round			· ·	USA	
	(street)	(city)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct Executed in Williamson	ct. ' Texa y, State of	as "	13th	, Januar	y 20	
	Executed inCounty	y, State of	, on ir	леС	aay or (month)	, 20 (year)	
	z	Drunis Brabandt					
		Signature of author	orized agent of o (Declarant)	ontracting	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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: -576830	
	Dell Marketing L.P.			-570050	
	Round Rock, TX United States	ı	Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		3/2020	
	being filed.		l		
	City Of McAllen			Acknowledged: 5/2020	
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	ontract, and prov	ride a
	RnC-5476				
	Purchase of 4 ELL Poweredge Servers				
_	·			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
	· .	· · · · · · · · · · · · · · · · · · ·	-	Controlling	Intermediary
De	II, Michael	Round Rock, TX United States		х	
		*			
				<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of b	oirth is		<u></u>
	My address is				
	(street)	(city) (sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of on the	d	ay of	, 20 .
			 -	(month)	(year)
		Signature of authorized agent of cont	racting	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: 2019-567545 of business. B2Z Engineering, LLC Date Filed: Mission, TX United States 12/06/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Public Utility 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. Professional Consulting Services for the following engineering Geo-technical Materials Testing / Environmental Studies Data Systems integration and Maintenance and Surveying Services Nature of interest (check applicable) City, State, Country (place of business) Name of interested Party Intermediary Controlling Х Mission, TX United States Gonzalez, Aisha 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION 01/23/1979 , and my date of birth is _ Aisha Gonzalez My name is ___ USA 78572 ТX Mission 900 S. Stewart Rd., Ste. 4 My address is (state) (zip code) (country) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. 19 on the 6th day of December 20_ Texas Hidalgo 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. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2019-567545 of business. B2Z Engineering, LLC Date Filed: Mission, TX United States 12/06/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Public Utility 01/09/2020 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. Professional Consulting Services for the following engineering Geo-technical Materials Testing / Environmental Studies Data Systems integration and Maintenance and Surveying Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Mission, TX United States Gonzalez, Aisha 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION _____, and my date of birth is ____ My name is _ My address is _____ (country) (city) (state) (zip code) (street) 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 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.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filling form, and the city, state and cour of business.	ntry of the business entity's place		Certificate Number: 2020-582867		
Siddons Martin Emergency Group, LLC Houston, TX United States			Filed:		
2 Name of governmental entity or state agency that is a party to t being filed. CITY OF MCALLEN	he contract for which the form is		0/2020 Acknowledged:		
3 Provide the Identification number used by the governmental en description of the services, goods, or other property to be prov Contract #HGAC FS12-19 Velocity Ascendant Tower 100'	tity or state agency to track or iden ided under the contract.	itify the c	ontract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of bu	siness)	(check a	f Interest opticable)	
A Facility To Page 1	Laureten TV United Clates		Controlling	Intermediary	
Martin Jr, Leon	Houston, TX United States	· · · · · · · · · · · · · · · · · · ·			
Siddons, Patrick	Houston, TX United States		×		
888					
				·	
	-				
			<u> </u>		
5 Check only If there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name IsKathryn Williams	, and my date	of birth is	<u>-5/3/1984</u>		
My address is 1362 E. Richey Rd.	Houston	TX,	77073	, <u>USA</u> .	
(streel)	(city)	(state) _.	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and corre					
Executed In Harris Coun	ty, State of <u>Texas</u> , on t	_{he} 30th (day of <u>Januar</u> (month)	<u>У</u> , ₂₀ <u>20</u> (year)	
	Coly	_			
	Signature of authorized agent of (Declarant)	contractin	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. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-582867 Siddons Martin Emergency Group, LLC Date Filed: Houston, TX United States 01/30/2020 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 01/30/2020 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. Contract #HGAC FS12-19 Velocity Ascendant Tower 100' Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Houston, TX United States Х Martin Jr, Leon Houston, TX United States Х Siddons, Patrick 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is _____ _____, and my date of birth is ____ My address is ____ (country) (city) (state) (zip code) (street) 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)

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's		Certificate Number: 2020-583503		
	Delta Industrial Service & Supply Port Neches, TX United States			2020-363303 Date Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the fo		2/03/2020		
	being filed. City of McAllen	·	D	ate Acknowledged	ı:	
	Desired the identification of the desired to the de		le au i danai fica al	as soutroot and pr	nvido o	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		k or identity tr	ie contract, and pre	ovide a	
	12-19-P10-01 SCBA Air Compressor					
4	Name of Interested Party	City, State, Country (pla	oo of busines		of interest applicable)	
	Name of Interested Party	City, State, Country (pla	ice of busines	Controlling	Intermediary	
	·		•			
•						
			···			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Marissa Guerra	, and	I my date of bir	th is 12/21/93	.	
	My address is 631 Birchwood Drive	Port Neches (city)	, <u>TX</u>	77651	USA (country)	
	(street)	(спу)	(state	e) (Zip code)	(contilly)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed in JeffersonCounty	y, State of Texas	, on the <u>3</u>	day of Februation	ary _{, 20} 20) (year)	
		Marisa Z	Juenn	,		
		Signature of authorized a	agent of contra	acting business entity	,	

FORM **1295**

╚						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2020-583503			
	Delta Industrial Service & Supply		2020-00000			
	Port Neches, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/0	03/2020		
	being filed.		Date	Acknowledged:		
	City of McAllen			3/2020		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ry or state agency to track or identited under the contract.	y the c	contract, and prov	vide a	
	12-19-P10-01					
	SCBA Air Compressor					
			· · · ·	Nature of	interact	
4	Name of Interested Party	City, State, Country (place of busi	nessì	(check ap		
	wante of interested Farty	ony, oute, country (place of busi	,,,,,,,	Controlling	Intermediary	
					y	
5	Check only if there is NO Interested Party.			<u> </u>		
	X					
6	UNSWORN DECLARATION			· · · · · · · · · · · · · · · · · · ·		
	My name is	and my date o	t birth i	s	·	
	My address is(street)		, state)	(zip code)	(country)	
	(sueet)	(Gity)	J.(2)	(Zip Code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	, State of, on the		day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ntractir	ng business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE TIFICATION	
1	Name of business entity filling form, and the city, state and countr of business.	y of the business entity's	s place		cate Number: 584675	
	Netsync Network Solutions		1			
	Houston, TX United States			Date F 02/05/		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the fo	orm is	02,00,	<u> </u>	
	City of McAllen			Date A	cknowledged:	
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 tracked under the contract.	k or identify t	the cor	ntract, and prov	ide a
	Project No. 01-20-S23-01 Annual Software Maintenance for Critical Network and Server	Equipment				
		//			Nature of	
4	Name of Interested Party	City, State, Country (pla	ce of busine	ss)	(check ap	
_					Controlling	Intermediary
	L	<u> </u>				Walley Co.
					-	

_	Charle only if there is NO interactor Party					I
	Check only if there is NO Interested Party.		<u>.</u>	<u> </u>		A KO MANAS
6	UNSWORN DECLARATION					
	My name is Angela Melone	, and	d my date of b	irth is _	06/01/19	59
	My address is 1224 East Jasmine Ave., Ste. B	, McAllen	TX ,		78501	(country)
	(street)	(vit)	lace		2-14 - 2-2-1	
	I declare under penalty of perjury that the foregoing is true and correct	.e				
	Executed in Hidalgo County	, State of Texas	on the	5th _d	ay of <u>February</u> (month)	<u>y</u> , 20 <u>20</u> . (year)
		Signature of authorized (De	agent of cont clarant)	racting		V1 1 2060077
_					1	14 4 O - C F7 -

FORM 1295

_	Complete Nos. 1 - 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 count of business. Netsync Network Solutions Houston, TX United States	Certificate Number 2020-584675 Date Filed:	020-584675				
2	Name of governmental entity or state agency that is a party to th	02/05/2020					
	being filed. City of McAllen	Date Acknowledge 02/05/2020	d:				
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 ded under the contrac	rack or identify t	the contract, and p	rovide a		
	Project No. 01-20-S23-01 Annual Software Maintenance for Critical Network and Server	r Equipment					
4	Name of Interested Party	City, State, Country	(place of busine	ss) (check	of interest applicable)		
-				Controlling	Intermediary		
							
		·					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION	· • · · · · · · · · · · · · · · · · · ·			d. 13. W.		
	My name is		and my date of b	irth Is	·		
	My address is(street)	(city)	,,	te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct		·				
			on the	day of	20		
	Executed inCount	y, state of	on trie	day of(mont			
		Signature of authori	zed agent of contr	acting business enti	ty		
			- 				

FORM **1295**

_							
	Complete Nos. 1 - 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: 2019-542543					
	C.A.M,P. University						
	McAllen, TX United States			Date Filed: 09/20/2019			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	09/20	J9/20/2019			
	City of McAllen CDBG		Date /	Date Acknowledged:			
	· ·	02/11	1/2020				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	ide a		
	B19-MC-48-0506 Provide Dayhab activities for special needs adults to continue	developing life and social skills afte	er grad				
_	1			Nature of			
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
				Controlling	Intermediary		
Si	asser, Abbie	McAllen, TX United States		Х	<u></u>		
Si	asser, III, Ford	McAllen, TX United States		×			
В	avo, Tatiana	McAllen, TX United States		Х			
			,				
					<u></u> _		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	·			
	My address is(street)		tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on the	(day of(month)	, 20 (year)		
		Signature of authorized agent of cor (Declarant)	ntracting				
_				Vaus!	V/1 1 20600f7		

FORM **1295**

	Complete Nos. 1 - 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.	Certificate Number: 2019-542543					
	C.A.M.P. University		ł				
	McAllen, TX United States			Filed:			
2.	Name of governmental entity or state agency that is a party to the o	ontract for which the form is	09/20)/2019			
	being filed.	g filed.			Date Acknowledged:		
	City of McAllen CDBG			2/11/20	4		
	Provide the identification number used by the governmental entity	or state agency to track or identify	the co	ontract, and prov	/ide a		
3	description of the services, goods, or other property to be provided	i under the contract.					
	B19-MC-48-0506 Provide Dayhab activities for special needs adults to continue de	avoloning life and corial skills aft	er ara	duating high sc	hool.		
	Provide Daynao activities for special fleeds addits to continue of	eveloping me and social simo and	.01 9.0				
-					interest		
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
				Controlling	Intermediary		
Sa	asser, Abbie	McAllen, TX United States		Х			
Sa	asser, III, Ford	McAllen, TX United States		X			
Br	avo, Tatiana	McAllen, TX United States		Х			
_				,			
					-		
				<u> </u>			
				 			
-							
					<u> </u>		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Pamela Voss	, and my date o	f birth i	s 06/22/	1956		
	My address is 1611 Crown Pointe Blud.	Mission (city)	alatal	/zip.code)	(country)		
	(street)	(City)	state	(ZIP COOLE)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.			4			
	i decide diluct periory or perfory that the foregoing to have and contest	-T	11 0	th c. 1	. 10		
	Executed in <u>Hidalgo</u> county,	state of Texas, on the	10	day of <u>Jepl</u> (month)	,, 20 17. (year)		
		Humela You	ا ــــــــــــــــــــــــــــــــــــ				
		Signature of authorized agent of co (Declarant)	ontractii	ng business entity	1		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING		
1	Name of business entity filing form, and the city, state and countr of business. Amigos Del Valle, Inc.	Certificate Number: 2019-542285 Date Filed:					
	Edinburg, TX United States Name of governmental entity or state agency that is a party to the	contract for which the form is		9/2019			
2	Name of governmental entity or state agency that is a party to the being filed.	CONTRACT for Which the form is					
	City of McAllen			Acknowledged: 1/2020			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	ride a		
	B-19-MC-48-0506						
	Home delivered meals to homebound eldery residents in the C	city of McAllen.					
				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)		
				Controlling	Intermediary		
_							
_							
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	3			
	my mane to	, , ,					
	My address is	11			,·		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct				!		
	Executed inCounty	, State of, on the					
				(month)	(year)		
		Signature of authorized agent of co (Declarant)	ntractin	g business entity			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE-USE	
1	Name of business entity filing form, and the city, state and country of the bus of business.	iness entity's place		ficate Number: -542285	
	Amigos Del Valle, Inc.			÷	
2	Edinburg, TX United States Name of governmental entity or state agency that is a party to the contract for	r which the form is		Filed: 9/2019	
	being filed. City of McAllen		Date .	Acknowledged:	
	Sity of Moraleti		â	يع صد الا	
3	Provide the identification number used by the governmental entity or state ag description of the services, goods, or other property to be provided under the	ency to track or identify	the co	ontract, and prov	ride a
	B-19-MC-48-0506	· ·			
	Home delivered meals to homebound eldery residents in the City of McAll	en.			
4				Nature of	Interest
•	Name of Interested Party City, State,	Country (place of busin	ess)	(check ap	
_		,		Controlling	Intermediary
			-		
		· · · · · · · · · · · · · · · · · · ·			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Alejandro (averra			11/201	1982
	,	, and my date of I	DIRTH IS	11/08	1702
		rission . T	X	78572	. <u>USA</u> .
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidalgo County, Stare of	Texas on the l	GER.	au of Soplember	1 20 19
		o duens	<u>, </u>	(month)	(year)
	Signature	of authorized agent of cont (Declarant)	tracting	business entity	
_					

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
1	Name of business entity filing form, and the city, state and co	ountry of the business entity's		Certificate Number:	
_	of business.	•	2	2019-554119	•
	Access Esperanza Clinics Inc. McAllen, TX United States		C	Date Filed:	
2	Name of governmental entity or state agency that is a party to	rm is 1	L0/ 22/ 2019		
	being filed. City of McAllen			ate Acknowledged:	:
)1/31/2020	
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 ovided under the contract.	or identify th	he contract, and pro	vide a
	B-19-MC-48-0506				
	Health Care Services				•
_					of interest
4	Name of Interested Party	City, State, Country (plac	e of busines	SS) (check a Controlling	pplicable) Intermediary
		Madllan TV United Ct	latas	X	Intermediary
Αc	cess Esperanza Clinics Inc.	McAllen , TX United St	tates 		
					į
					<u> </u>
			<u>-</u>		
			<u> </u>		
					<u></u>
					<u> </u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
Ü					
	My name is	, and	my date of b	irth is	·
	My address is		1	1	
	(street)	(city)	(sta	te) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.			
	Executed inCo	ounty, State of	on the	day of	, 20
				(month) (year)
		Signature of authorized	agent of contr	acting business entity	<u> </u>
		(Dec	clarant)		1/4 4 0 - 0 - 17

FORM **1295**

	Complete Nos. 1 - 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	traine of pastileon cities, while to this end are entire and a first			Certificate Number: 2019-554119		
	Access Esperanza Clinics Inc.		Dato	Filed:		
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the	contract for which the form is		2/2019		
	being filed,		Date .	Acknowledged:		
	City of McAllen			1/31/2	0 56	
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	
	B-19-MC-48-0506 Health Care Services					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	:55)	(check ap Controlling	Intermediary	
Αc	ccess Esperanza Clinics Inc.	McAllen , TX United States		×		

_				,		
			· ·			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is <u>fatricio</u> Conzales	and my date of i	oirth is	04/19/19	752	
	My name is <u>Patricia</u> & Ganzales My address is <u>916 & Hackborry</u> Ave (street)	. McAllen T	$rac{ar{\chi}}{\chi}$. ate)	78501 (zip cade)	Hidalyo (country)	
	I declare under penalty of perjury that the foregoing is true and correct,					
	Executed in Hida(goCounty,	State of <u>TEXAS</u> , on the s	<u>5</u> 44	tay of <u>DCCemb</u> (month)	v , 20 <u>19</u> . (year)	
	<u>Pa</u>	turo C. Amzale	(d)		<u> </u>	
		Signature of authorized agent of cont (Declarant)	tracting	g business entity		

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		-	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business. Comfort House Services Inc	try of the business entity's place		ficate Number: 9-552770	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	10/1	7/2019	
	being filed.		Date	Acknowledged:	
	City of McAllen DCMI			9/2019	
3	Provide the identification number used by the governmental enti	ity or state agency to track or identify	the c	ontract, and prov	/ide a
3	description of the services, goods, or other property to be provided	ded under the contract.			
	DC1920				
	24 hour palliative care for the terminally ill with a prognosis of	four months or less to live			
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap	
				Controlling	Intermediary
	·				
				1	
	·				
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
U					
	My name is	, and my date of	fbirth is	s	·
	My address is(street)		state)	(zip code)	(country)
: ' 	(street)	louà) l	маю	(219 0000)	(25),
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Count	ty, State of, on the		day of	, 20
				(month)	(year)
ŀ					
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity	
		(2.20.0.0.0)			

	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.	С	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		rtificate Number: 19-552770	
	Comfort House Services Inc McAllen, TX United States		te Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form i being filed. City of McAllen DCMI		/17/2019 te Ackn owl edged:	/
	and of the stell bown		2/11/2	P of
3	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. DC1920 24 hour palliative care for the terminally ill with a prognosis of four months or less to live	dentify the	contract, and prov	vide a
	24 hour paintage care for the terminary in with a prognosis of four months of less to live		Nature of	interect
4	Name of Interested Party City, State, Country (place of	f business)	1	
			Controlling	Intermediary
·				
		. <u>.</u>		
				::
	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is David A Pérez (Cornfort House) and my o	date of birth	is 10,30,	14
	My address is 101 Dallas Ave (street) . Malter (city)	, <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>	7850 (zip code)	, <u>UJA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct.			:
	Executed in Hidalas County, State of Tryar	on the $\frac{1}{9}$	day of Nov (month)	, 20 <u></u> (year)
	tri	1	(month)	(3441)
	Signature of authorized add (Declaran	t of contract t)	ing 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. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2019-567260 Catholic Charities of the Rio Grande Valley Date Filed: San Juan, TX United States 12/05/2019 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 02/11/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-19-MC-48-0506 HOMELESS SERVICES Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling 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)	,,	(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)	, 20 (year)	

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			RTIFICATION	OF FILING
	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		ficate Number: 9-567260	
	Catholic Charities of the Rio Grande Valley		Date	Filed:	
	San Juan, TX United States Name of governmental entity or state agency that is a party to the	he contract for which the form is		5/2019	
	being filed.	the confidence for thinour and to-mine		0 -1	1
	City of McAllen		Date	Acknowledged:	
		No	ntify the c	ontract, and prov	ide a
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provi	itry or state agency to track of the ide	nury use c	ontract, and prov	100 u
	B-19-MC-48-0506				
	HOMELESS SERVICES				
				Nature of	interest
1	Name of Interested Party	City, State, Country (place of b	usine ss)	(check ap	
				Controlling	Intermediary
_					
					
	·				
		·			
_					
_	Check only if there is NO Interested Party.				
J	X				
6	UNSWORN DECLARATION				
	Sistar Norma Pimentel	, and my da	te of hirth i	s 07/01/195	3 .
	My name is Sister Norma Pimentel	and my de	ic or cirur	<u></u>	
	My address is700 Oblate Dr	San Juan	, _TX _	, <u>78589</u>	USA_
	(street)	(city)	(slate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corr	ect.			
	Executed inCou	nty, State of, o	n the	_day of	, 20
		<u> </u>		(month)	(year)
		\mathcal{A}		41	
		1 Mes	nent	ul	
ļ		Signature of authorized agent (Declarant)	of contracti	ng business entity	
		(Dockstank)		Varaion	V/1 1 22622f7

	CERTIFICATE OF INTERESTED I	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,			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state an of business.	nd country of the business entity's place		ficate Number: 0-587023		
_	Casco Industries, Incorporated La Porte, TX United States Name of governmental entity or state agency that is a pa	arty to the contract for which the form is	1	Filed: 1/2020		
2	being filed. City of McAllen	TO THE COMMENT OF THE PARTY OF		Acknowledged: 2/2020		
3	Provide the identification number used by the government description of the services, goods, or other property to be Project No. 01-20-P16-01 Purchase of Protective Equipment for Firefighting	ntal entity or state agency to track or identi ne provided under the contract.	fy the c			
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check a	f interest	
				Controlling	Intermediary	
						
			<u></u> _			
				·		
_						
			-			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	and my date	of birth is	s	 ,	
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true ar	nd correct.				
	Executed in	County, State of, on th	ie	day of(month)	, 20 (year)	
	-	Signature of authorized agent of c	ontractin	ng business entity		
		(Declarant)				
Fo	rms provided by Texas Ethics Commission	www.ethics.state.tx.us		version	V1.1.3a6aaf7d	

CERTIFICATE OF INTERESTED PA	ARTIES		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.		CE	OFFICE US	E ONLY 4 OF FILING
 Name of business entity filing form, and the city, state and c of business. 		Cen	tificate Number: 10-587023	
Casco Industries, Incorporated La Porte, TX United States			e Filed:	
Name of governmental entity or state agency that is a party to being filed. City of McAllen	to the contract for which the form is		11/2020 a Acknowledged	:
Provide the identification number used by the governmental description of the services, goods, or other property to be project No. 01-20-P16-01 Purchase of Protective Equipment for Firefighting	entity or state agency to track or ide rovided under the contract.	intify the (contract, and pro	vide a
			Nature o	finterest
Name of Interested Party	City, State, Country (place of b	usiness)		pplicable)
			Controlling	Intermediar
Check only if there is NO Interested Party.			12-15.	74
My name is U.no Elec	_		s <u>/2-15-</u>	
My name is <u>Dino Pice 2</u> My address is	La thire (cny)	(sbie)	77571 (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and co	rrect.			
Executed in Hypeus Co	ounty, Slate of 76945 or	the <u>//</u>	day of <u>Februa</u> (month)	44 20 ZO (year)
	Signature of authorized agent o (Declarant)	i contractii		
ms provided by Texas Ethics Commission www	ethics.state.tx.us		Version	1 V1.1.3a6aa

FORM **1295**

	<u>.</u>				2 0, 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: 9-438718	
	Women Together Foundation, Inc.			, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	01/0	7/2019	
_	being filed.				
	City of McAllen			Acknowledged: 6/2019	
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 track or identi ded under the contract.	fy the c	ontract, and prov	ide a
	B-19-MC-48-0506				
	Shelter Facility and Transitional Housing Complex				
4				Nature of	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	
				Controlling	Intermediary
С	ity of McAllen	McAllen, TX United States		Х	
					!
				-	
_					
			<u>-</u>	-	_ _
-					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth	is	·
					,
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
-	Executed inCour	nty, State of, on t	he	_day of	, 20
				(month)	(year)
		Signature of authorized agent of	contracti	ing business entity	
	·	(Declarant)		•	

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	•		OFFICE USE TIFICATION	
Name of business entity filing form, and the city, state and country of the business entity's place of business.			cate Number: 438718	
Women Together Foundation, Inc.				
McAllen, TX United States		Date F	iled: /2019	
Name of governmental entity or state agency that is a party to the cor	tract for which the form is	OTO	12019	
being filed. City of McAlleπ		Date /	Acknowledged:	
·				
Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided u	state agency to track or identifinder the contract.	y the co	ntract, and prov	viđe a
B-19-MC-48-0506 Shelter Facility and Transitional Housing Complex				
				f interest
Name of Interested Party Cit	y, State, Country (place of busi	ness)		pplicable) Intermediary
			Controlling	intermediary
City of McAllen M	IcAllen, TX United States		X	
				<u> </u>
				l .
		24.43		
	<u> </u>		<u> </u>	
5 Check only if there is NO Interested Party.			_	
6 UNSWORN DECLARATION				
Titall Do Aude	and my date	of hidh	is 10/03	3/47
My name is <u>ESTELIA PERIOA</u>	At Ari		···	, , , ,
My address is 5/1 N. Cynthia	Mr. Hlen	<u>7x</u>	<u>. 7850 L</u>	<u>, USA</u> .
(street)	(city)	(state)	(zip code)	(country)
·		•		
I declare under penalty of perjury that the foregoing is true and correct.		=		
Executed in Hida a County.	State of <u>/CX US</u> , on	the <u> </u>	_day of Janu	
	^		(mon	th) / (year)
A TOTAL COMPANY	CIAN	A	D	
I I ANTON NELDA HEHNANDEZ IK				
NELDA HERNANDEZ My Notery ID # 4613618	Stella Hel	W)	dh	<u> </u>
	Signature of authorized agent of (Declarent)	contrac	ting business ent	iity

FORM **1295**

	Complete 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 count of business.	Certificate Number: 2019-556229			
	United Way of South Texas				
	McAllen, TX United States			Filed: 9/2019	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10/2	.5/2015	
	City of McAllen			Acknowledged:	
	· ·			.1/2020	
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 identif ed under the contract.	y the c	ontract, and prov	ide a
	B-19-MC-48-0506				
	Transportation Vouchers				
4				Nature of	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
				Controlling	Intermediary
-					
			•••		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth i	s	·
	My address is				··
	(street)	(city)	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	, State of, on the	·	day of	, 20
				(month)	(year)
ĺ		Signature of authorized agent of co (Occlarant)	ntractir	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. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2019-556229 United Way of South Texas Date Filed: McAllen, TX United States 10/29/2019 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. Transportation Vouchers Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** and my date of birth is I declare under penalty of perjury that the foregoing is true and correct. County, State of Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	of business.				Certificate Number: 2019-546253		
	Easter Seals Rio Grande Valley McAllen, TX United States		D	ate Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the for	m is 0	9/30/2019			
	being filed. McAllen CDBG			ate Acknowledged	i:		
				2/11/2020			
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 on the decision of the contract.	or identify th	ne contract, and pr	ovide a		
	B-19-MC-48-0506 Therapy physical, occupational and speech therapy services						
4	Name of Interested Party	City, State, Country (place	e of busines	_	of interest applicable)		
	Name of Interested Farty	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	Intermediary		
_							
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and r	my date of bir	rth is	·		
	My address is		,				
	(street)	(city)	(state	e) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed inCoun	ty, State of	, on the	day of	, 20		
				(mont	h) (year)		
	·						
		Signature of authorized a	gent of contra larant)	acting business enti	ty		
Fo	orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.1.3a6aaf7d						

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. 2019-546253 Easter Seals Rio Grande Valley McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 09/30/2019 being filed. McAllen CDBG 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-19-MC-48-0506 Therapy physical, occupational and speech therapy 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. X **6 UNSWORN DECLARATION** Patricia Pasentund.______, and my date of blith is 3-13-59 My address is 1217 W. Houston Ave (street) 3505 Los Fudios Parkway (slale) 78672 I declare under penalty of perjury that the foregoing is true and correct. ______County, State of Texas____, on the 8 day of October 20 19

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

FORM **1295**

			OFFICE HOF	ONLY
Complete Nos. 1 - 4 and 6 if there are interested part Complete Nos. 1, 2, 3, 5, and 6 if there are no interest		CE	OFFICE USE	
			RTIFICATION	OF LITING
 Name of business entity filing form, and the city, of business. 	state and country of the business entity's place		ificate Number: 9-552449	
McAllen Food Pantry Inc		2013	9-552449	
P.O. Box 5413 McAllen, TX United States		Date	Filed:	
2 Name of governmental entity or state agency that	t is a party to the contract for which the form is	10/1	7/2019	
being filed.				
McAllen Food Pantry Inc			Acknowledged:	
	·	02/1	1/2020	
3 Provide the identification number used by the go	vernmental entity or state agency to track or ide	entify the c	ontract, and prov	/ide a
description of the services, goods, or other prope	erty to be provided under the contract.			
B-16-MC-48-0506				
Purchase raw foods	•			
	<u> </u>		Nature of	interest
4 Name of Interested Party	City, State, Country (place of I	usiness)	(check ap	plicable)
•			Controlling	Intermediary
			<u> </u> i	
· · · · · · · · · · · · · · · · · · ·				
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			1	
		-		
		<u> </u>		
		<u>.</u>	<u> </u>	
5 Check only if there is NO Interested Party.	 1			
·	X			
6 UNSWORN DECLARATION				
My name is	, and my da	ite of birth is	S	·
My address is	(city)	(state)	(zip code)	(country)
(street)	(cny)	(state)	(zip code)	(country)
I donlars under mapping of mariner that the foresting in	s true and correct			
I declare under penalty of perjury that the foregoing is	s nuc and contoot.			
Executed in	County, State of , or	1 the	day of	, 20
			(month)	(year)
	Signature of authorized agent of	of contractin	a business entity	
	(Declarant)		Dadood criticy	

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: of business. 2019-552449 McAllen Food Pantry Inc Date Filed: P.O. Box 5413 McAllen, TX United States 10/17/2019 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAilen Food Pantry Inc 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 foods Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION e. , M = ALLEW TY, 78564, USA. (city) (state) (zip code) (country) My name is JOAQUIN CAURTOS I declare under penalty of perjury that the foregoing is true and correct. _County, State of _

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ignature of authorized agent of contacting business entity

FORM **1295**

(Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1 1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Food Bank of the Rio Grande Valley			Certificate Number: 2019-567617		
	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			12/06/2019		
	peing filed. City of McAllen		Date Acknowledged:			
•	Sity of Michigan	•	02/1	1/2020		
	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.					
	Food assistance for up to 89 Seniors living in Public Housing at a rate of \$.19 per pound for 42,100 lbs. for 11 months.					
				Nature of interest		
4	Name of Interested Party	City, State, Country (place of busine		(check applicable) Controlling Intermediary		
				Controlling	intermediary	
				<u> </u>		
		<u> </u>				
		·				
					,	
						
5	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 inCount	y, State of, on the	·	_day of	, 20	
		-		(month)	(year)	
				,	· .	
	Signature of authorized agent of contracting business entity (Declarant)					

CERTIFICATE OF INTERESTED PARTIES FORM 1295 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. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2019-567617 of business. Food Bank of the Rio Grande Valley Date Filed: Pharr, TX United States 12/06/2019 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 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 Food assistance for up to 89 Seniors living in Public Housing at a rate of \$.19 per pound for 42,100 lbs. for 11 months. 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. 6 UNSWORN DECLARATION and my date of birth 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 County, State of Country, State of Country (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.	s. 1 - 4 and 6 if there are interested parties. s. 1, 2, 3, 5, and 6 if there are no interested parties.				
1	Name of business entity filing form, and the city, state and coun of business. COMMUNITY HOPE PROJECTS, INC	Certificate Number: 2019-550836				
	McAllen, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which th	ne form is	10/14/2019		
	CITY OF MCALLEN			Date Acknowledged:	:	
				02/11/2020		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to t ded under the contract	rack or identify t	the contract, and pro	vide a	
	B19MC480506 HEALTH SERVICES					
_				Nature o	f interest	
4	Name of Interested Party	City, State, Country	(place of busine	ss) (check a	pplicable)	
				Controlling	Intermediary	
 5	Check only if there is NO Interested Party.			1	·	
 6	UNSWORN DECLARATION	<u> </u>				
				•		
	My name is		and my date of bi	irth is	· · · · · · · · ·	
	My address is(street)	(city)	,, (stal	te) (zip code)	(country)	
		,	(Slat	(Zip (00e)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	, State of	, on the _			
				(month)	(year)	
				acting business entity		
_	and the district of the control of t		(Declarant)	Varaion		

	CERTIFICATE OF INTERESTED PAR	1169		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	
1	Name of business entity filing form, and the city, state and coun of business. COMMUNITY HOPE PROJECTS, INC	etry of the business entity's place	2019-	cate Number: 550836	:
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the	ne contract for which the form is	Date Fi 10/14/		
	being filed. CITY OF MCALLEN		Date A	cknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide B19MC480506 HEALTH SERVICES	ity or state agency to track or identify ded under the contract.	the con	itract, and prov	ide a
4	Name of Interested Party	City, State, Country (place of busin	000)	Nature of	
		City, State, Country (place of push)		(check ap	Intermediary
					:
<u></u>					
 ,					
****				-	
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION			1 /	<u> </u>
	My name is Kebicca Stocker	and my date of l	birth is _	8/7/19	<u> 78 . </u>
	My address is <u>2332 Jordan Kol</u> (street)	McAllen to	ate)	78503 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc		Λ	(r/	(
	Hidalax	y, State of TUAS, on the	41 h	of October	, 2019.
	V	, Emu		(month)	(year)
		Signature of authorized agent of cont (Declarant)	tracting b	usiness entity	-
		ALCOHOL MANAGEMENT OF THE PROPERTY OF THE PROP			

FORM **1295**

			7-	ADDIACION	
	Complete 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	
ĩ	Name of business entity filing form, and the city, state and countrof business. Management Advisory Group International, Inc.	ry of the business entity's place	2020	ficate Number: 0-580254	
	Fairfax, VA 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	01/2	3/2020	
	McAllen Texas		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	/ide a
	01-20-S18-56				
	Classification and Compensation Study and Analysis				
				Nature of	interest
7	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
-					
	·			'	
					:
;	Check only if there is NO Interested Party,				
;	UNSWORN DECLARATION	s			
	My name isDonald C. Long	, and my date of	birth is	01/01/1951	···································
	My address is 293 Wilson Ferry Rd	, Moore , S	sc,	29369	USA ,
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Spartanburg County,	State of South Carolina, on the	23rd d	lay of January	_, ₂₀ _20
				(month)	(year)
		Donald C La	ng		
	·	Signature of authorized agent of cont (Declarant)	tra&ling	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: 2020-580254 Management Advisory Group International, Inc. Date Filed: Fairfax, VA United States 01/23/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Texas 02/12/2020 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. 01-20-S18-56 Classification and Compensation Study and Analysis Nature of interest Name of Interested Party (check applicable) City, State, Country (place of business) Intermediary Controlling 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is ______, and my date of birth is _____

(street)

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

My address is _____

(country)

(year)

(state)

Signature of authorized agent of contracting business entity (Declarant)

(city)

(zip code)

(month)

FORM **1295**

	Complete Nos. 1 - 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 en of business.	y - p		icate Number: -578917		
	Boys & Girls Club of McAllen, Inc.		2020	370311		
	McAllen, TX United States		Date F	Filed:		
2		he form is	01/20	/2020		
_	being filed.		5 -1- 1	s - 1 1 al m a al .		
	City of McAllen			Acknowledged: ./2020		
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contract	track or identify t	the co	ntract, and prov	ĭde a	
	CDBG2019					
	Direct Services					
					1	
4		. f. l	\	Nature of (check ap		
-	Name of Interested Party City, State, Country	(blace of busine	55)	Controlling	Intermediary	
			\longrightarrow	Controlling	intermediary	
				,		
		·····	\dashv			
			-			
		<u> </u>				
				-		
			!	l		
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)	(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	20	
				(month)	(year)	
		<u> </u>				
	Signature of authorized agent of contracting business entity (Declarant)					

	CERTIFICATE OF INTERESTED PAR	RTIES		FORM	л 1295 📗
					1 of 1
			T	OFFICE USE	ONLY
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CER	RTIFICATION	
1	Name of business entity filing form, and the city, state and cou of business.	untry of the business entity's place		icate Number: -578917	
	Boys & Girls Club of McAllen, Inc.		Date I	Filed:	
2	McAllen, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is	01/20)/2020	[
	being filed.		Date .	Acknowledged:	2/1/20
	City of McAllen				56
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro CDBG2019 Direct Services	ntity or state agency to track or identi vided under the contract.	fy the co		
4		City, State, Country (place of bus	iness)	Nature of (check ap	
•	Name of Interested Party	City, State, Country (place of bus		Controlling	Intermediary
_					
_					
_					
_					
			<u>.</u>	J	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			0 1	M. A.
	My name is <u>dalin da alon far</u>	and my date McAles (city)	of birth i	s September s	<u>93,1980</u>
	My address is 1502 Howk Circle	McAller	-t <u>y</u> .	76504	_USA_
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co				
	Executed in <u>Hidalyo</u> co	ounty, State of <u>Texas</u> , on t	he <u>3()</u>	day of Char	20 /9
	. 0	•		(monta)	, (year)
	•			¥	
	-	Signature of authorized agent of (Declarant)	contracti	ng business entity	/

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business. Boys & Girls Club of McAllen, Inc. McAllen, TX United States	try of the business entity's place		icate Number: -557348 Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	10/31	./2019		
	being filed. City of McAllen			Acknowledged:		
			<u> </u>	7/2019 	<u>.</u>	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided DC2019 After School Enrichment Program	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ide a	
		<u> </u>		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
				ļ		
			!			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is		·	
	My address is		Ē			
	(street)		tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of, on the	c	lay of	, 20	
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

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-	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business. Boys & Girls Club of McAllen, Inc. McAllen, TX United States	of the business entity's pl	2019 Date	ficate Number: 9-557348 Filed:	
2	Name of governmental entity or state agency that is a party to the c being filed.	ontract for which the form	10/3	1/2019	1)
	City of McAllen			Acknowledged: 7/2019 🗸	200 striles
3	description of the services, goods, or other property to be provided	or state agency to track or under the contract.	identify the c	ontract, and pro	/ide a
	DC2019 After School Enrichment Program				
4		it. State O	- f bsiv.sss\		interest
	Name of Interested Party — — — — — — — — — — — — — — — — — — —	ity-State-Gountry-(place	or-business)	Controlling	Intermediary
_		v			
		1.317			
					·
					·
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
		, and my	y date of birth is	Spluby 23	1980.
	My address is 1500 Hawk Chill's (street)	, MOALLAN (City)	(state)		, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct.		۵.	p 1 i	.م.
	Executed in <u>Aiderlan</u> County, s	State of <u>Texas</u>	, on the <u>3()</u>	day of <u>()Clube/</u> (month)	, 20 <u>/7</u> (year)
		Signature of authorized age (Declar		g business entity	

FORM 1295

			T 01 T
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	4	OFFICE USE	
 Name of business entity filing form, and the city, state and country of the business entity's place of business. 		licate Number: -579934	•
Lopez Utilities Contractor, LLC Houston, TX United States		Filed: 2/2020	
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:	
	L the e	attact mid pro	ulda a
3 Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	A tue cr	mitaer and bro	
. 01-20-C10-267 Main st., Baywood ave., & Galveston ave. Sewer Pipe Rehabilitation	•	•	
4 Name of Interested Party City, State, Country (place of busin	ness)		f interest oplicable)
		Controlling	
	,		•
			••
•		:	•
•			<u> </u>
5 Check only if there is NO interested Party.	•	•	
6 UNSWORN DECLARATION	٠	4/2/	54
My name is <u>F7 i cardo / M. Logez</u> , and my date o	i birth is	1/3/6	
My address is 715 M: nn e so ta St- South Houston 7 (city)	X	77587 (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct.		•	
Executed in <u>Harris</u> County, State of <u>Texas</u> , on the	<u>23 (</u>	tay of <u>I anvary</u> (month)	/ _ 20 <u>ス</u> の . (year)
Rloan	<u>'</u>	2/	
Signature of authorized agent of co (Declarant)	ntractin	g business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2020-579934							
	Lopez Utilities Contractor, LLC		1-020	- w1000T				
	Houston, 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	01/2	2/2020				
	being filed. City of McAlien		Date	Acknowledged:				
	any or mornion			3/2020				
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 identifiled under the contract.	y the c	ontract, and prov	ide a			
	01-20-C10-267							
	Main st., Baywood ave., & Galveston ave. Sewer Pipe Rehab	ilitation						
		We consense		Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap				
	······			Controlling	Intermediary			
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				[
					····			
_								
	·							
				<u></u>				
5	Check only if there is NO Interested Party.							
	x							
6	UNSWORN DECLARATION							
	My name is	, and my date of	f birth is	s	·			
					 -			
	My address is				·			
	(street)	(city)	stale)	(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	g business entity				
	(Declarant)							

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. 2019-570450 Charles Medical Management Services LLC Edinburg, TX United States Date Filed: 12/16/2019 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 02/18/2020 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. Third Party Administration (TPA) Services for Alcohol & Drug Collection/Testing Services Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Edinburg, TX United States Charles Medical Management Services LLC "dba" DTM 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) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______County, State of _____, on the ____day of _ Signature of authorized agent of contracting business entity (Declarant) Version V1.1.3a6aaf7d www.ethics.state.tx.us

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

	CERTIFICATE OF INTERESTED PARTIES		F	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.	•	1	USE ONLY TON OF FILING
1	Name of business entity filing form, and the city, state and country of the of business. Charles Medical Management Services LLC	business entity's place	Certificate Numi 2019-570450	ber:
	Charles Medical Management Services LLC Edinburg, TX United States		Date Filed: 12/16/2019	
2	Name of governmental entity or state agency that is a party to the contract being filed. City Of McAllen	t for which the form is	Date Acknowled	iged:
3	Provide the identification number used by the governmental entity or stat description of the services, goods, or other property to be provided under 12-19-S01-78 Third Party Administration (TPA) Services for Alcohol & Drug Collection	r the contract.	the contract, and	d provide a
4	Name of Interested Party City, St	ate, Country (place of busin		ure of interest
			Controlli	
Cł	narles Medical Management Services LLC "dba" DTM Edinb	urg, TX United States	х	
		· · · · · · · · · · · · · · · · · · ·		
			-	
	· ·			
			<u> l., "</u>	
5	Check only if there is NO Interested Party.			:
6	UNSWORN DECLARATION		13 /	26/80
İ	My name is DAN VELAZQUEZ My address is L925 N. FETLING.		birth is 12 /	
	My address is		1850 (zip cod	
4	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in HISALGO County, State of	of 1x, on the	19 day of 1	company 19
N	NORMA L. AGUILAR My Notary ID # 129426361		19 day of (n	nonth) (year)
	Expires May 25, 2021	tre of authorized agent of co (Declarant)	ntracting business	entity

	CERTIFICATE OF INTERESTED PAR	RTIES		FORM 129
	100			_1 of
	Complete Nos. 1 - 4 and 6 it there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no imagested parties.		CE	OFFICE USE ONLY RTIFICATION OF FILI
1	Name of business entity filing form, and the city, state and cour of business. CORE AND MAIN LP	ntry of the business entity's place		ificate Number: 0-575742
	MCALLEN, TX United States		Date	,Filed:
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form is	01/1	.0/2020.
	CITY OF MCALLEN - PURCHASING & CONTRACTING D	EPARTMENT	Date	Acknowledged:
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 01-20-SP06-129 PURCHASE OF PIPE REPAIR COUPLINGS	itily or state agency to track or ide ided under the contract.	ntify the c	ontract, and provide a
4.				Nature of interest
	Name of Interested Party	City, State, Country (place of b	usiness)	(check applicable). Controlling Intermed
				Cottrounig Intermed
			····	
			-	
_				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·		
	wy name is KICAROW RENTERIA	b and my date	e of birth is	July 01, 1953
	wy address is 1206 SOUTD DANNES	2. Pharr	XT	785m Arda
	(atreet)	(clty)	(state)	(zip code) (country)
	declare under penalty of perjury that the foregoing is true and corre-	oţ.		
5	State of Texas Hidalgo County Executed in 1100 (Action Count Acknowdlegement	ty. State of TCXCCS , on t	the <u>10</u> d	lay-of <u>Jan</u> , 20 <u>20</u> (month)' (year)
	The state of the s	~		huhuud (Agar)
Si	gned before me notary nublic			
	gned before me notary public	Cash Dontai	R	
iis	gned before me notary public day 10 of Jan year 2020.	Signature II austruliged agent of	Contracting ENNISE P	Tusiness entis/ ERF7

FORM **1295**

Complete 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 count of business.	itity's place	Certificate Number:				
	CORE AND MAIN LP						
	MCALLEN, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which t	he form is	01/10	0/2020		
_	being filed.	0 0011111111111111111111111111111111111					
	CITY OF MCALLEN PURCHASING & CONTRACTING DE	PARTMENT			Acknowledged: 5/2020		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the services.	ty or state agency to led under the contrac	track or identify ct.	the co	ontract, and prov	/ide a	
	01-20-SP06-129 PURCHASE OF PIPE REPAIR COUPLINGS						
					Nature of	finterest	
4	Name of Interested Darts	City, State, Country	Inlace of busine	lage	(check ap		
	Name of Interested Party	only, State, Country	thince of presult	1	Controlling	Intermediary	
					Controlling	michineulary	
				_			
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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	s	·	
	My address is(street)	(city)		tate)	(zip code)	(country)	
	, ,		10	,	(2.p. 0002)	X	
	I declare under penalty of perjury that the foregoing is true and correct				day of	20	
	Executed inCount	iy, State of	, on the		day of(month)	, 20 (year)	
		Signature of author	rized agent of con	ntractin	ng business entity		
	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 nf 1OFFICE 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. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2020-593036 of business. odessa pumps and equipment Date Filed: pharr, TX United States 02/27/2020 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 meallen 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. 2020-592505 Raw Water gump Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary moallen, TX United States Χ ramos , alexis 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION I declare under penalty of perjury that the laregoing is true and correct. A-KRS on the 27 day of 62

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business colity (Declared)

County, State of

Version V1.1.3a6aa1/d

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 2020-593036 of business. odessa pumps and equipment Date Filed: pharr, TX United States 02/27/2020 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: city of mcallen 02/27/2020 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. 2020-592505 Raw Water pump Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х mcallen, TX United States ramos, alexis 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is ______, and my date of birth is _____ My address is ____ (zip code) (country) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______ county, State of _____, on the ____

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.3a6aaf7d

(year)

(month)

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.		CER	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certi	ficate Number:			
	The Salvation Army		2019	9-557001			
	McAllen, TX United States		Date	Filed:			
		t Ehigh Alex Saura in		0/2019			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	120,0	5,2020			
	City of McAllen			Acknowledged: 7/2020			
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 identified under the contract		<u> </u>	ride a		
		aca and or the bonnada					
	B-19-MC-48-0506 Homeless Prevention, Transportation, Medication and Work C	Clothes					
4				Nature of			
	Name of Interested Party	City, State,=Country (place of busi	ness)	(check ap	<u> </u>		
				Controlling	Intermediary		
:							
					•••		
 			,				
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s	·		
	My address is				· · · · · · · · · · · · · · · · · · ·		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of, on th	e				
				(month)	(year)		
1	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-557001 The Salvation Army McAllen, TX United States Date Filed: 10/30/2019 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. B-19-MC-48-0506 Homeless Prevention, Transportation, Medication and Work Clothes 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. 6 UNSWORN DECLARATION and my date of birth is My address is (state) (street) I declare under penalty of perjury that the foregoing is true and correct.

MARIA M PENA Notary ID #125377064 My Commission Expires August 25, 2021

Executed in

e Lac_, on the 30 day of _0

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	HES		FOR	м 1295
Ļ	Appropriate to the second seco				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	of business.	itry of the business entity's place	Certif	ficate Number:)-589252	
	Hamlin Pools Pharr, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to th	te contract for which the form is		8/2020	
	being filed. City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	/ the co	ontract, and prov	⁄ide a
	02-20-C14-154 Minicipal Pool Replaster Project				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	.ess)	(check ap Controlling	plicable) Intermediary
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L					
	!			1	
-					
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION	<u> </u>			
	My name Is TAYLOR HAMLIN	, and my date of	birth is	10-26-1	183 <u>.</u>
	My address is 300 W. ELDORA	PAMOR T	<u> </u>	78577	<u>. USA</u> .
	(steet)	(city) (a	st ete)	(zip code)	(country)
) declare under penalty of perjury that the foregoing is true and correc	ct.			
	Executed in HISALGS Count	ny, State of TEKAS (on the	18.	tou of Tables int	-1 on 2(). ·
	LACOURCE III	1	<u>. 11,7</u> ,4	(month)	(year)
.		Signature of autiliorized agent of con	ntracting	g business entity	
Ļ	((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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place		icate Number: -589252	
	Hamlin Pools		2020	000202	
	Pharr, TX United States		Date i	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	02/18	3/2020	
	being filed.		Da+-	A alemanda da a a	
	City of McAllen			Acknowledged: J2020	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	y or state agency to track or identify ed under the contract.	the co	intract, and prov	ide a
	02-20-C14-154				
	Minicipal Pool Replaster Project			-	
4	Name of Interested Dealer	Oite Characteristics		Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
		a one of the company		Controlling	Intermediary
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		- · · · · · · · · · · · · · · · · · · ·			
5	Check only if there is NO Interested Party.				
	<u></u>			·· <u></u>	
6	UNSWORN DECLARATION				j
	My name is	and my date of h	si dhic		
	The state of the s	and my date of t	zaur sə .		'
	My address is				
	(street)		, ete)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				İ
	Executed inCounty,	State of on the	. ام	av of	.20 .
	County,	, on the	u	ay or	_, 20 (year)
				(1,201,
		Signature of outborized exact of	rnoti	huginess s-tit-	
		Signature of authorized agent of conti (Declarant)	acung	ousiness entity	
	rms arouided by Tayon Ethion 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. 2017-283933 Community Hope Projects Inc McAllen, TX United States Date Filed: 11/14/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Hope Family Health Center 12/29/2017 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-17-MC-48-0506 Medical and counseling services to the uninsured 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. Х **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. Executed in _ ___County, State of ___ _, on the _ Signature of authorized agent of contracting business entity (Declarent)

FORM 1295

			_		
	Complete 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	
	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2017-283933			
	Community Hope Projects Inc McAllen, TX United States			Filed:	
	Name of governmental entity or state agency that is a party to th	e contract for which the form is	11/1	4/2017	
	being filed.		Dete	Acknowledged:	
	Hope Family Health Center			-	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and prov	/ide a
	B-17-MC-48-0506 Medical and counseling services to the uninsured				
4				Nature of	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
		<u></u>		Controlling	Intermediary
					·
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			ļ		
5	Check only if there is NO Interested Party.	<u> </u>	·		
6	AFFIDAVIT I sweat, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CINDY GUZMAN Notary Public, State of Texas ID# 865103-2 My Commission Expires 03-08-2020 Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE			f	
	Sworn to and subscribed before me, by the said	Stocker, this the N	<u>eth</u>	day of _\d	ovembers
	Signature of officer administering oath Printed namel of	Quemon jordine de la company d	itle of o	ary officer administeri	ng oath
		-			

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. 2020-596872 Waste Systems Equipment Houston, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 03/09/2020 being filed. City Of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-20-P18-03 Grapple Truck Systems 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.
ì	INSWORN DECLARATION
	My name is Robert G. Eastland, and my date of birth is 7/28/71
	My address is 1/503 Rocky Beend Dr. Howton TX. 77077 Harris
	(streef) (city) (state) (zip code) (country)
	declare under penalty of perjury that the foregoing is true and correct.
	executed in
	Robort Carlon (year)
	Signature of authorized agent of contracting business entity (Declarant)

www.ethics.state.tx.us

Version V1.1.3a6aaf7d

Forms provided by Texas Ethics Commission

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		c	OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business. Waste Systems Equipment Houston, TX United States	ry of the business entity's p	20	ertificate Number: 020-596872	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form		ate Filed: 3/09/2020	
	being filed.	o domador for former the form			
	City Of McAllen		03	ate Acknowledged: 3/09/2020	
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	e contract, and pro	vide a
	02-20-P18-03 Grapple Truck Systems				
	Graphie Huck Systems				
4	Name of Interested Porty	City State Country (-las-	-6 1	Nature o	
	Name of Interested Party	City, State, Country (place	or business	Controlling	Intermediary
				Johnson	intermedialy
				·	
			•		
				_	
				-	<u></u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birth	is	
	Mark to the second				
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of,	on the	dou of	20
	Oodiity	, otate of,	On the	(month)	, 20 (year)
					İ
		Signature of authorized ager (Declara	nt)	ing business entity	
=or	ms provided by Texas Ethics Commission www.eth	ine etate ty ue	·····	Version 1	/1 1 2060 of 7d

FORM 1295

_					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business. Polydyne Inc. Riceboro, GA United States	ry of the business entity's place		icate Number: -581857	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		1/2020	
-	being filed. City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	y or state agency to track or identify ed under the contract.	the co	ntract, and pro	vide a
	02-20-SP07-143 Purchase of Polymer				
4				Nature o	
	Name of Interested Party	City, State, Country (place of busine	: 5 5)	(check an	<u>, </u>
				Controlling	Intermediary
			_		
			-		
5	Check only if there is NO Interested Party.		1.,		
6	UNSWORN DECLARATION .				
	My name is <u>Boyd Stanley, Vice-President</u>	, and my date of b	irth is _	<u>4/10/60</u>	
	My address is 1 Chemical Plant Road (street)	, Riceboro , G. (sta		31323 (zip code)	USA (country)
	I declare under penalty of perjury that the foregoing is true and correct.				:
	Executed in Liberty County,	Bryd Start		y of <u>Februar</u> (monih)	(year)
_	/	Signature of authorized agent of contr (Declarant) Boy	ao(1) g d(S) a	business entity nley, Vice-P	resident

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. 2020-581857 Polydyne Inc. Riceboro, GA United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 01/28/2020 being filed, City of McAllen Date Acknowledged: 03/13/2020 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. 02-20-SP07-143 Purchase of Polymer Nature of interest Name of Interested Party City, State, Country (place of husiness) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Χ **6 UNSWORN DECLARATION** ______, and my date of birth is My name is ___ My address is ____ (street) (city) (state) (zip coda) (country) I declare under penalty of perjury that the foregoing is true and correct. ______County, State of _____, on the ____day of _ Executed in ____ (month)

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. 2019-567129 SAMES, Inc. McAllen, TX United States Date Filed: 12/05/2019 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. Project No. 03-19-S46-502 SOQ - Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects), Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** _____, and my date of birth is <u>08/02/1975</u> My name is _Samuel D. Maldonado **USA** My address is 200 S. 10th St Ste 1500 McAllen (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas , on the 5th day of December , 20 19 Executed in Hidalgo (vear)

Signature of authorized agent of contracting business entity

FORM **1295**

of business. SAMES, Inc. McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-S46-502 SOQ – Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects).	==					0 TELOF 1101		
of business. SAMES, Inc. McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Provide the Identification number used by the governmental entity or state agency to track or Identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-S46-502 SOQ – Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). Name of Interested Party City, State, Country (place of business) Controlling Intermediary Check only if there is NO Interested Party. UNSWORN DECLARATION My name is		Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.						
McAllen, 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 Date Acknowledged: 03/12/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-546-502 SOQ - Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). A Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Intermediary Controlling Intermediary	1	of business.	ry of the business ent	ity's place				
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of McAllen 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 0, 319-3645-92 SOQ Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). A Name of interested Party City, State, Country (place of business) Controlling Intermediary Controlling Intermediary Check only if there is NO Interested Party. G UNSWORN DECLARATION My name is					Date	Filed:		
City of McAllen Data Acknowledged: 03/12/2020 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. 03-19-346-502 SOQ – Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). A Name of Interested Party City, State, Country (place of business) Controlling Intermediary Controlling Intermediary Check only if there is NO Interested Party. UNISWORN DECLARATION My name is		Name of governmental entity or state agency that is a party to the	contract for which th	e form is	12/05	5/2019		
Sprovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-S46-502 SOQ - Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). A Name of Interested Party City, State, Country (place of business) Nature of Interest (check applicable)		_			Date .	Acknowledged:		
description of the services, goods, or other property to be provided under the contract. Project No, 03-19-S46-502 SOQ – Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). Name of Interested Party City, State, Country (place of business) Nature of Interest (check applicable)		City of the file of			03/12	2/2020		
SOQ - Professional Engineering Services For Design Of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects). Name of Interested Party	3	description of the services, goods, or other property to be provid	y or state agency to to ed under the contract	rack or identify	the co	ontract, and pro	vide a	
Name of Interested Party			m Drainage Improver	ments 2019 (D	rainaç	ge Utility Fee P	rojects).	
Name of Interested Party Clify, State, Country (place of Dusiness) Controlling Intermediary	_					Nature o	f interest	
5 Check only if there is NO Interested Party. Signature of authorized agent of contracting business entity	4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check a	oplicable)	
6 UNSWORN DECLARATION My name is						Controlling	Intermediary	
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is	<u> </u>							
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
6 UNSWORN DECLARATION My name is								
My name is, and my date of birth is My address is, (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of, on theday of, 20 (month) (year)	5	Check only if there is NO Interested Party.						
My address is	6				-			
My address is		My name is		and my date of	birth is		·	
(street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in country, State of on theday of , 20 (month) (year)								
Executed in County, State of, on theday of, 20 (month) (year) Signature of authorized agent of contracting business entity			,(city)	(s	ate)	(zip code)	(country)	
Executed in County, State of, on theday of, 20 (month) (year) Signature of authorized agent of contracting business entity		I dealers under papalty of pariting that the faragoing is true and correct	•t					
(month) (year) Signature of authorized agent of contracting business entity				41		day af	20	
Signature of authorized agent of contracting business entity (Declarant)		Executed inCounty	y, State of	, on the				
Signature of authorized agent of contracting business entity (Declarant)								
			Signature of authoriz	zed agent of con	tractin	g business entity	,	

	CERTIFICATE OF INTERESTED I	PARTIES		FOF	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 part	ies.	CI	OFFICE US ERTIFICATION	
1	Name of business entity filing form, and the city, state an of business.	d country of the business enti	1	rtificate Number: 19-470521	·
	Cruz-Hogan Consultants, Inc. McAllen, TX United States			te Filed:	
2	Name of governmental entity or state agency that is a particular being filed. City of McAllen	rty to the contract for which th	101111115	01/2019 te Acknowledged	:
3	Provide the identification number used by the government description of the services, goods, or other property to be RFQ Project No. 03-19-S46-502 Professional Engineering Services for Design of Storm	e provided under the contract.	•		vide a
4	Name of Interested Party	City, State, Country (place of business)	1	of interest pplicable)
				Controlling	Intermediary
Cı	uz, Orlando	Weslaco, TX Unite	d States	X	
Cı	uz, Rolando	McAllen, TX United	d States	×	
	And the state of t		,		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Rolando Cruz, P.E.		and my date of birth	_{is} 09/29/195	6
	My address is 605 E. Violet Ave., Ste. 1 (street)		TX (state)	78504 (zip code)	. USA (country)
	I declare under penalty of perjury that the foregoing is true ar	nd correct.			
	Executed in Hidalgo	County, State of Texas	on the 3rd	l day of April (month)	, ₂₀ 19 (year)
			1)·		W
		/	ed agent of contract (Declarant)		
	rme provided by Tayas Ethice Commission	www.pthics state ty us		\/orcio:	1 V1 1 39f8039c

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. 2019-470521 Cruz-Hogan Consultants, Inc. McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/01/2019 being filed. Date Acknowledged: City of McAllen 03/12/2020 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. RFO Project No. 03-19-S46-502 Professional Engineering Services for Design of Storm Drainage Improvements 2019 (Drainage Utility Fee Projects) Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Weslaco, TX United States Х Cruz, Orlando Х McAllen, TX United States Cruz, Rolando 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) (street) (zip code) (country) 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 PAR	RIIES		FOR	м 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.		CEF	OFFICE USE	
1	of business.	ntry of the business entity's place		ficate Number: -472358	
	Halff Associates, Inc. Richardson, TX United States		Date I	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	04/04	1/2019	
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract.	the co	ntract, and prov	vide a
	03-19-S46-502 Professional Engineering Services for Design of Storm Drain	ages Improvements 2019 (Drainage	Utility	Fee Projects)	
4		I	T	Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
		·			
_					
5	Check only if there is NO Interested Party.		magaga and saya seema		
j l	JNSWORN DECLARATION				
1	My name is <u>Robert L. Saenz</u>	, and my date of b	irth is _	5-2-19	64.
ř	My address is 912 N. 45th Sheet (street)	, McAller T		8501 . (zip code)	USA. (country)
	declare under penalty of perjury that the foregoing is true and correct	t.			
i	Executed in <u>Hidalgo</u> County	, State of Tlyas, on the	<u>4</u> _day	y of <u>April</u> (month)	, 20 <u>19</u> . (year)
		117-		٠٠٠	
		Signature of authorized agent of contra	acting b	ousiness entity	
		(Declarafit)	-	•	

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. Richardson, TX United States	Certificate Number: 2019-472358 Date Filed:
2	City of Michigan	04/04/2019 Date Acknowledged: 03/12/2020

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

03-19-S46-502

Professional Engineering Services for Design of Storm Drainages Improvements 2019 (Drainage Utility Fee Projects)

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, Tim		Austin, TX United States	Х	
Craig, Matthew		Richardson, TX United States	×	
Edwards, Mark	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	Richardson, TX United States	Х	
Jackson, Todd		Austin, TX United States	Х	
Ickert, Andrew		Fort Worth, TX United States	Х	
Killeen, Russell		Fort Worth, TX United States	х	
Kuhn, Greg		Richardson, TX United States	х	
Kunz, Pat		Richardson, TX United States	X	
Moya, Micahel		Austin, TX United States	х	
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	
1				
			·	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2018-426619 Lawn Care Expens Date Filed: Edinburg, TX United States 11/18/2018 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 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. 11-18-507-101 Grounds Maintenance 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

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

_County, State of $\overline{\mathcal{T}}$ EXA5 , on the $\overline{\mathcal{L}}$ day of $\overline{\mathcal{N}}$ $\overline{\mathcal{U}}$, 20 $\overline{\mathcal{L}}$

(ភាហាហ

(vear)

Onaua Trauel

MARIAMACIEL

My Notary ID # 125281602 Expires May 2, 2021 Signature of authorized agent of contracting business entity (Declarant)

www.ethics.state.tx.us

Version 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. 2018-426619 Lawn Care Experts Edinburg, TX United States Date Filed: 11/18/2018 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: 03/17/2020 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 Grounds Maintenance Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** My name is _____ _____, and my date of birth is ____ My address is ____ (street) (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

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. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2020-600745 Deere & Company Date Filed: Cary, NC United States 03/20/2020 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. Use of cooperative contract held by Deere & Company to purchase a cab tractor and flex wing rotary cutter 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 My name is Tamara Hebert and my date of birth is 10-2-1973 I declare under penalty of perjury that the foregoing is true and correct. ___County, State of <u>Carolin</u>a

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

Version V1.1.3a6aaf7d

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. 2020-600745 Deere & Company Date Filed: Cary, NC United States 03/20/2020 2 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen 03/23/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-20-P21-01 Use of cooperative contract held by Deere & Company to purchase a cab tractor and flex wing rotary cutter 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 address is (city) (zip code) (street) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of ______, on the ____day of _____ Executed in ____ (vear)

Signature of authorized agent of contracting business entity

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc.	Certificate Number: 2020-574639
	McAllen, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen	01/07/2020 Date Acknowledged:

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

01-20-S20-531

Professional Engineering Services for Design of Various Roadway Projects

4	City, State, Country (place of business)	Nature of interest (check applicable)		
Name of interested Party	City, State, Country (place of business)	Controlling	Intermediary	
Zapalac, Russell	Austin, TX United States	х		
Tanksley, Dan	Richardson, TX United States	х		
Plugge, Roman	Richardson, TX United States	х		
Murray, Menton	McAllen, TX United States	×		
Moya, Mike	Austin, TX United States	х		
Miller, Steven	Austin, TX United States	х		
Kunz, Pat	Richardson, TX United States	×		
Jackson, Todd	Austin, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	×		
Baker, Jessica	Richardson, TX United States	х		
Bargainer, Tim	Austin, TX United States	х		
Adams , Bobby	Houston, TX United States	х		
	1			

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. 2020-574639 Halff Associates, Inc. McAllen, TX United States Date Filed: 01/07/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-20-520-531 Professional Engineering Services for Design of Various Roadway Projects 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. 6 UNSWORN DECLARATION Robert L. Saenz, PE, CFM, PMP and my date of birth is 5-2-1964 My name is 454 (country) I declare under penalty of perjury that the foregoing is true and correct. _____County, State of Texas on the E day of January, 20 20. 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 V1.1.3a6aaf7d

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: 2020-574639
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: 01/07/2020
	City of McAllen	Date Acknowledged: 03/25/2020

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.

01-20-S20-531

Professional Engineering Services for Design of Various Roadway Projects

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Zapalac, Russell	Austin, TX United States	Х		
Tanksley, Dan	Richardson, TX United States	Х		
Plugge, Roman	Richardson, TX United States	х		
Murray, Menton	McAllen, TX United States	х		
Moya, Mike	Austin, TX United States	Х		
Miller, Steven	Austin, TX United States	х		
Kunz, Pat	Richardson, TX United States	х		
Jackson, Todd	Austin, TX United States	×		
Ickert, Andrew	Fort Worth, TX United States	х		
Baker, Jessica	Richardson, TX United States	х		
Bargainer, Tim	Austin, TX United States	х		
Adams , Bobby	Houston, TX United States	х		
			<u></u>	

	CERTIFICATE OF INTERESTED PART	ΓIES		FOR	и 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.		CEI	OFFICE USE		
1	, , , , , , , , , , , , , , , , , , ,			ficate Number: 1-574639		
	Halff Associates, Inc. McAllen, TX United States			ate Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	e contract for which the form is		L/07/2020 ate Acknowledged:		
			03/2	5/2020		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 01-20-S20-531 Professional Engineering Services for Design of Various Road	led under the contract.	y the co	ontract, and prov	ride a	
	Professional Engineering Services for Design of Vanous Road	iway Flojecis				
4	,		,	Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	Intermediary	
				Controlling	intermedialy	
	· · · · · · · · · · · · · · · · · · ·					
			:			
5	Check only if there is NO Interested Party.				;	
6	UNSWORN DECLARATION		_			
	My name is	, and my date o	f birth is	3	-	
	My address is	,	(state)	(zip code)	(country)	
		. •,	(state)	(xib code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCount	y, State of, on the	€(day of(month)	, 20 (year)	
		Signature of authorized agent of co (Declarant)	ntractin	g business entity		

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	RM 1295	
-	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE US		
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. MaRentco Inc. dba Tejas Equipment Rental			ificate Number: 0-581894		
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is			e Filed:		
2	being filed.	ne contract for which the form is	0,1/2	01/28/2020		
	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 1-20-S14-41 Rental of Portable Toilets and Hand Washing Stations	ity or state agency to track or iden ded under the contract.	tify the c	ontract, and pro	vide a	
4			-		f interest	
-	Name of Interested Party	City, State, Country (place of bus	siness)	<u> </u>	pplicable)	
_				Controlling	Intermediary	
Ro	odriguez, Oscar	McAllen, TX United States		×		
	ł					
	·			-		
5	Check only if there is NO Interested Party.					
	UNSWORN DECLARATION					
	My name is OSA PRODUÇEL My address is 1212 N 23AL (street)	, and my date	of birth is	0925	1471	
	My address is 1212 N 2324	, Mentuer . (city)	TX .	78501	<u>. us</u> .	
	(Sueet)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed in HAMGE County	y, State of $\frac{Texes}{}$, on th	e <u>28</u> c	day of Thomas (month)	գ , 20 <u>2</u> 0 (year)	
		Signature of authorized agent of co	ontracting) business entity		
≟∩r	rms provided by Texas Ethics Commission warm eth				V1 1 22622f7d	

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. 2020-581894 MaRentco Inc. dba Tejas Equipment Rental McAllen, TX United States Date Filed: 01/28/2020 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 03/26/2020 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. 01-20-514-41 Rental of Portable Toilets and Hand Washing Stations Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Rodriguez, Oscar McAllen, TX United States Х 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION _____, and my date of birth is _____ My name is ___ My address is _ (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 (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

CERTIFICATE OF INTERESTED PAI	RTIES	F	ORM 1295		
Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE I	ISE ONLY		
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	1	ON OF FILING			
 Name of business entity filing form, and the city, state and color of business. 	untry of the business entity's place	Certificate Number:			
Recycling Equipment, Inc.	2020-587396				
Fort Worlh, TX United States		Date Filed:			
Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	02/12/2020			
City Of McAllen		Date Acknowledge	ed:		
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be pro 02-20-P17-17 For The Purchase Of One (1) New Two-Ram Baler	ntily or state agency to track or identify vided under the contract.	the contract, and p	rovide a		
4		Natur	of interest		
Name of Interested Party	City, State, Country (place of busine		applicable)		
Recycling Equipment, Inc.	Facility of TV 12-bad Objects	Controlling	Intermediary		
Recycling Equipment, inc.	Fort Worth, TX United States	_ X			
			1		
		ļ			
5 Check only if there is NO interested Party.					
UNSWORN DECLARATION			.		
My name is Joshla hedmon	, and my date of b	inh is 4 29	82		
My address is 5201 Pyramia Blvd. (street)	Fort Worth I (sla	X. 76/26 (zip code)	Country)		
I declare under penalty of perjury that the foregoing is true and corre	ect.				
Executed in Danart cour	nly, State of Oexas, on the L	ay of Sebre	101, 20 <u>20</u> 1) (year)		
	Signature of authorized agent of contr	enting business a - 12			
	(Dedarant)	acong ອນສາກອຣຣ eugl	,		

FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-587396 Recycling Equipment, Inc. Fort Worth, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 02/12/2020 City Of McAllen Date Acknowledged: 03/31/2020 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. 02-20-P17-17 For The Purchase Of One (1) New Two-Ram Baler Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Recycling Equipment, Inc. Fort Worth, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is ___ ___, and my date of birth is __ My address is ___ (street) (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

_						
	Complete Nos. 1 - 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: 2020-595988			
	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 form is		5/2020		
	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 identifed under the contract.	y the c	ontract, and prov	/ide a	
	03-20-P19-53					
	Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (20	020 Single Machine Repaving Pro	ject)		4	
4	Name of Interested Party	City Ctate Country Inland of humi	\	Nature of		
	Name of filterested Party	City, State, Country (place of busin	iessj	(check ap	Intermediary	
		· · · · · · · · · · · · · · · · · · ·				
5	Check only if there is NO Interested Party.					
	<u> X </u>					
6	UNSWORN DECLARATION					
	My name is Larry Hinojosa	, and my date of	birth is	11/08/1959		
	My address is 2806 N 44th Ln	. McAilen Te	xas ,	78501	USA .	
	(street)	<u> </u>	tate)	(zip code)	(country)	
٠.	I dealers under pagetty of positive that the forestics is two and accept			** · · ·	-	
	I declare under penalty of perjury that the foregoing is true and correct.				:	
	Executed in Hidalgo County,	State of <u>Texas</u> , on the	05 d	lay of March	_, 20 <u>20</u> .	
				(month)	(year)	
		Larry Hinojosa				
		Signature of authorized agent of cor (Declarant)	tracting	business entity		
	(Devalatit)					

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. 2020-595988 Upper Valley Materials, LLC d/b/a CAPA Palmview, TX United States Date Filed: 03/05/2020 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 03/30/2020 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. 03-20-P19-53 Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (2020 Single Machine Repaving Project) Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION _____, and my date of birth is ____ My name is ___ My address is _ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _______ county, State of ______, on the ____day of _ (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		С	OFFICE USE ERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business. Consolidated Traffic Controls Arlington, TX United States	20:	Certificate Number: 2020-602887 Date Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form		/27/2020	
	being filed. City of McAllen		Dat	te Acknowledged:	
	ony on mon			/31/2020	
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	/ide a
	PROJ NO 003-20-P24-01 TWENTY ONE SIGNAL MAST ARMS				
4	None of Interested Park			Nature of	
	Name of Interested Party	City, State, Country (place	of business)	(check ap	plicable) Intermediary
				Controlling	intermediary
					····
				-	
				}	
			<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>		
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	•			
	My name is	, and my	date of birth i	is	1
	en en en en en en en en en en en en en e				
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of	on the _	_day of	_, 20_
				(month)	(year)
		Signature of authorized agen	t of contractin	ng business entity	
_	(Declarant)				

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-602887 Consolidated Traffic Controls Arlington, TX United States Date Filed: 03/27/2020 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. PROJ NO 003-20-P24-01 TWENTY ONE SIGNAL MAST ARMS Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Walker, David Arlington, TX United States 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is Jacob DuBose___ and my date of birth is 09/28/1988___ My address is ______1016 Enterprise Place_ _Arlington_ TX 78132 USA (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _____County, State of ___TX_____, on the _27th day of ___March_ (year) Signature of authorized agent of contracting business entity

CERTIFICATE OF INTERESTED PAI	RIIES		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.		CEF	OFFICE USE	
Name of business entity filing form, and the city, state and cou of business.		ficate Number: -605477		
Motorola Solutions, Inc. Houston, TX United States			Filed:	
 Name of governmental entity or state agency that is a party to being filed. 	the contract for which the form	is 04/01	7/2020	
City of McAllen				
Provide the identification number used by the governmental e description of the services, goods, or other property to be pro	ntity or state agency to track or vided under the contract.	identify the co	ontract, and pro	vide a
PROJECT NO. 03-20-P22-01 Purchase or lease of Motorola Equipment, Software, Softw CONTRACT #RA05-18	are Subscriptions, Maintenand	ce, and/or Inst		
4 Name of Interested Party	City, State, Country (place	of business)	Nature o (check at	f interest policable)
Name of interested Party	Only Clare, Country (place	,	Controlling	Intermediary
		,		
				:
		·····		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is Juan Craig	, and m	y date of birth is	, <u>06-06-196</u>	6
My address is 930 Serenade Dr.	San Antonio	, <u>TX</u> , (state)	78213	_, <u>USA</u>
(street)	(City)	(state)	(Sip oodo)	(2021/11)
I declare under penalty of perjury that the foregoing is true and co		07	٨ ١٠٠١	00
Executed in Bexar Co	unty, State of Texas	_, on the <u>07</u>	day of April (month)	, 20 <u></u> U (year)
	Carlos Cray		Çz.iii/	<i>,,</i> ,
	Signature of authorized age (Declar		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. **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: 2020-605477 of business. Motorola Solutions, Inc. Date Filed: Houston, TX United States 04/07/2020 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 04/07/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 03-20-P22-01 Purchase or lease of Motorola Equipment, Software, Software Subscriptions, Maintenance, and/or Installation Services. HGAC CONTRACT #RA05-18 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 My name is ______ _____, and my date of birth is ____ My address is ___ (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in _______, on the ____day of _____ Signature of authorized agent of contracting business entity

FORM **1295**

					1 of 1	
Service Services	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2020-596867		
	Cutler Repaving Inc Lawrence, KS United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	03/09	9/2020		
	City of McAllen	Date .	Acknowledged:			
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.		the co	ontract, and pro	vide a	
	03-20-C17-252 2020 Single Machine Repaving					
4	Name of Interested Party	,		finterest		
	Name of Interested Party City, State, Country (place of business)		essy	(check ap	Intermediary	
Rathbun, John Lawrence, KS		Lawrence, KS United States		×		
Miles, John		Lawrence, KS United States		X		
Cutler, Douglas		Los Ranchos, NM United States		х		
Ve	skerna, Charles	Lawrence, KS United States		Х		
5	Check only if there is NO Interested Party.					
5 1	JNSWORN DECLARATION			0.0		
1	My name is Charles R. Veskerna	, and my date of b	oirth is .	HPRIZ 6,	2020	
1	My address is	(city) . K	<u>当</u> , _	(zip code)	USA (country)	
	declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in					
		Charles & Whole	eu	(monal)	(year)	
		Signature of authorized agent of contr (Declarant)	acting	business entity		

FORM **1295**

							1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and of business.	country	y of the business e	ntity's place	Certificate Number: 2020-596867			
	Cutler Repaving Inc							
	Lawrence, KS United States				Date F	iled:		
2					03/09/	/2020		
	being filed.							
	City of McAllen				Date Acknowledged:			
					04/08/	/2020		
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. 03-20-C17-252						ride a	
	2020 Single Machine Repaving							
1						Nature of	interest	
4	Name of Interested Party		City, State, Country	(place of busine	ess)	(check ap	plicable)	
						Controlling	Intermediary	
Ra	athbun, John		Lawrence, KS Ur	ited States		Х		
Mi	les, John		Lawrence, KS Ur	ited States		Х		
Cı	ıtler, Douglas		Los Ranchos, NN	1 United States		Х		
Veskerna, Charles			Lawrence, KS United States			Х		
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is			and my date of b	oirth is _			
	My address is(street)		(city)	,	,	(zip code)	(country)	
	(street)		(City)	(Sta	ate)	(Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and o	correct.						
	Executed inC	County,	State of	, on the _	da	y of	, 20	
						(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)							

FORM 1295

-				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			JSE ONLY ON OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number	
	GO UNDERGROUND, LLC.		2020-603171	
	HARLINGEN, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/30/2020	
	City of McAllen		Date Acknowledg	ed:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the contract, and	provide a
	2-20-C13-458			
	2018 Bond - Group C Drainage Improvement Projects (Projec	ets C5 & C6)		
4	Name of Interested Party	City State Country (place of business	100000000	re of interest
	Name of interested Party	City, State, Country (place of busine	Controlling	k applicable)
G	O UNDERGROUND, LLC.	HARLINGEN, TX United States	X	
	-			
5	Check only if there is NO Interested Party.		I	
6	UNSWORN DECLARATION			
	My name isGEORGE OLIVARES	, and my date of t	birth is 07/13/19	953
	My address is603 SOUTH TOWER RD		X 78550	US_
	(street)	(city) (sta	ate) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.		
	Executed inCounty	, State of TEXAS, on the	OTH day of APF	
		Lenge C	liveris (mor	nth) (year)
	_	Signature of authorized agent of cont (Declarant)	racting business en	tity

FORM **1295**

Complete Nos. 1 - 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: 2020-603171		
	GO UNDERGROUND, LLC.			2020	-003171		
	HARLINGEN, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which	the form is	03/30	0/2020		
	being filed.						
	City of McAllen				Acknowledged: 9/2020		
_	Provide the identification number used by the governmental enti	ity or state agency to	track or identify	the co	entract and pro	vido a	
3	description of the services, goods, or other property to be provided			the co	ontract, and pro	vide a	
	2-20-C13-458 2018 Bond - Group C Drainage Improvement Projects (Project	cts C5 & C6)					
4					Nature o	f interest	
•	Name of Interested Party	City, State, Country	(place of busine	ess)	(check a	oplicable)	
					Controlling	Intermediary	
G	O UNDERGROUND, LLC.	HARLINGEN, TX	United States		X		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my date of b	irth is		<u> </u>	
	My address is	,		,		,	
	(street)	(city)		ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of	, on the _	d		, 20	
					(month)	(year)	
		Signature of authoriz		acting	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
Name of business entity filing form, and the city, state and co of business.	ountry of the business entity's place	Certificate Number: 2020-585162
RDH Site and Concrete, LLC		Data Filadi
Palmyiew, TX United States		Date Filed: 02/06/2020
2 Name of governmental entity or state agency that is a party t	o the contract for which the form is	02/00/2020
being filed.		Date Acknowledged:
City of McAllen		4/14/2020 M
3 Provide the identification number used by the governmental description of the services, goods, or other property to be property to be property to be property to be provided as a service of the provided as a service	Toylded under the contract	y the contract, and provide a
2010 BOND CINE OF STREET		Nature of interest
4 Name of Interested Party	City, State, Country (place of busin	
Name of Interested Party	City, State, Country (place of busin	Controlling Intermediary
De Hoyos, Rogelio	Alamo, TX United States	X
De Hoyos, Dianaly	Alamo, TX United States	Х
5 Check only if there is NO Interested Party.		
6 UNSWORN DECLARATION		0.4/50/4005
My name is Dianaly De Hoyos	, and my date o	of birth is 04/08/1985
My address is 1501 Pecina Road		(state), 78516 USA (country)
(street)	(city)	(state) (zip code) (country)
I declare under penalty of perjury that the foregoing is true and		
Executed in Hidalgo	County, State of Texas, on th	e 6 day of February , 20 20 (year)
		(month) (year)
	Signature of authorized agent of c	ontracting business entity

FORM **1295**

Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. RDH Site and Concrete, LLC palmview, 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 identity the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of Interested Party City, State, Country (place of business) De Hoyos, Rogelio De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X Controlling Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Intermediate States Controlling Intermediate States Int								
of business. ROH-Site and Concrete, LLC Palmview, 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. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of interested Party City, State, Country (place of business) Palmon, TX United States X De Hoyos, Rogelio Alamo, TX United States X Alamo, TX United States X Check only if there is NO interested Party. 6 UNSWORN DECLARATION My name is				CI	OFFICE USE ONLY CERTIFICATION OF FILING			
ROH Site and Concrete, LLC Palmiview, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-20-C12-344 Name of Interested Party City, State, Country (place of business) Nature of interest (check explicable) Controlling Internet Controlling Internet Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X Check only if there is NO Interested Party. Check only if there is NO Interested Party. Check only if there is NO Interested Party. I declare under penalty of perjury that the foregoing is true and correct. Executed in	1		0.633					
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. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of Interested Party City, State, Country (place of business) Nature of interest (check applicable) Controlling Interest (place of business) Nature of interest (place of business)		RDH Site and Concrete, LLC		120.	20 000102			
Date Acknowledged: Ot/16/2020 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. O2-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of Interested Party City, State, Country (place of business) De Hoyos, Rogelio De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly De Hoyos, Dianaly De Hoyos, Rogelio De Hoyos, Rogeli		Palmview, TX United States		W1957				
City of McAllen Date Acknowledged: 04/16/2020 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. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS A Name of Interested Party City, State, Country (place of business) Poe Hoyos, Rogelio De Hoyos, Rogelio De Hoyos, Dianaly Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X Controlling Interested Party Solve there is NO Interested Party Gusworn Declaration My name is	2		ne contract for which the form is	02/	06/2020			
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. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of Interested Party City, State, Country (place of business) Alamo, TX United States X De Hoyos, Rogelio Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X For the controlling interested Party Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States				Dat	te Acknowledged:			
description of the services, goods, or other property to be provided under the contract. 02-20-C12-344 2018 BOND - GROUP D DRAINAGE IMPROVEMENT PROJECTS 4 Name of Interested Party City, State, Country (place of business) Controlling Internet De Hoyos, Rogelio Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United States X S Check only if there is NO Interested Party. 5 Check only if there is NO Interested Party. G UNSWORN DECLARATION My name is		City of McAilett						
A Name of Interested Party City, State, Country (place of business) Controlling Interest Cont	3	description of the services, goods, or other property to be provi		entify the	contract, and pro	vide a		
Alamo, TX United States X De Hoyos, Rogelio Alamo, TX United States X De Hoyos, Dianaly Alamo, TX United Stat			JECTS					
Name of Interested Party City, State, Country (place of business) Check applicable) Controlling Interested Party Alamo, TX United States X Alamo, TX United States X Check only if there is NO Interested Party. Check only if there is NO Interested Party. Check only if there is NO Interested Party. I declare under penalty of perjury that the foregoing is true and correct. Executed in con theday of20202020202020	4							
De Hoyos, Rogelio De Hoyos, Dianaly Alamo, TX United States X Alamo, TX United States X Check only if there is NO Interested Party. Gunsworn DECLARATION My name is		Name of Interested Party	City, State, Country (place of b	usiness)				
De Hoyos, Dianaly Alamo, TX United States X Alamo, TX United States X Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is					Controlling	Intermediary		
5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is	De	Hoyos, Rogelio	Alamo, TX United States		Х			
6 UNSWORN DECLARATION My name is	De	Hoyos, Dianaly	Alamo, TX United States		Х			
6 UNSWORN DECLARATION My name is								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
My name is, and my date of birth is, My address is, (city) (state) (zip code) (country I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20(month) (ye								
6 UNSWORN DECLARATION My name is								
My address is, and my date of birth is, and my date of birth is,,,,,,	5	Check only if there is NO Interested Party.						
My address is,,,,,,,,,,,,,,,,,,,,,	6	UNSWORN DECLARATION						
(street) (city) (state) (zip code) (country leads to lead to l		My name is	, and my da	e of birth i	is	· ·		
(street) (city) (state) (zip code) (country leads to lead to l	My address is				,	,		
Executed inCounty, State of, on theday of, 20(month) (ye		(street)	(city)	(state)	(zip code)	(country)		
(month) (ye		I declare under penalty of perjury that the foregoing is true and correct	et.					
		Executed inCount	y, State of, on	the				
						(year)		
Signature of authorized agent of contracting business entity (Declarant)				contractir	ng business entity			

FORM 1295

		1 07 1			
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
of business.	Name of business entity filing form, and the city, state and country of the business entity's place of business.				
LMG Sales , Inc McAllen, TX United States		Date Filed:			
 Name of governmental entity or state agency that is a party to the debeing filed. 	contract for which the form is	03/19/2020			
City of McAllen		Date Acknowledged:			
3 Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify I under the contract.	the contract, and provide a			
03-20-P20-41 For purchase and relocation and installation of 4 2 Post Symme	tric Lifts				
4 Name of Interested Party	City, State, Country (place of busine	Nature of interest (check applicable)			
		Controlling Intermediary			
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is Lupe Carra	, and my date of bird	th is 12/23/1970			
My address is 2518 W Mile LOW with	Weslaw Tx	78599 USA			
(street)	(city) (state) (zip code) (country)			
I declare under penalty of perjury that the foregoing is true and correct.					
Executed inCounty, Sta	ate of CXCS on the	day of March 20 20 (month) (year)			
Si	gnature of authorized agent of contract Opclarant)	eting business entity			
rms provided by Texas Ethics Commission www.ethics.s	state.tx.us	Version V1.1.3a6aaf7d			

FORM **1295**

				Name and Address of the Owner o		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			Marine	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business er	ntity's place		icate Number: -600471	
	LMG Sales , Inc					
_	McAllen, TX United States			Date I	Filed: 1/2020	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which	the form is	03/19	12020	
	City of McAllen				Acknowledged:	
				04/20	/2020	
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 led under the contrac	track or identify ct.	the co	ntract, and prov	vide a
	03-20-P20-41 For purchase and relocation and installation of 4 2 Post Symn	netric Lifts				
4					Nature of	interest
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	
				1	Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	oirth is _		
	My address is					<u> </u>
	(street)	(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of	, on the _	da	ay of	, 20
					(month)	(year)
		Signature of authori	zed agent of contr	racting	business entity	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-608866 Doggett Freightliner of South Texas, LLC Converse, TX United States Date Filed: 04/17/2020 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. FOUR (4) CURRENT MODEL 66,000 GVW DIESEL CAB & CHASSIS WITH 14 CY END DUMP Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Doggett Industries Investments, LLC DallasDallas, TX United States X Doggett, William Houston, TX United States X 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION Picher Crockett, and my date of birth is 06-17-1975. I declare under penalty of perjury that the foregoing is true and correct. ____County, State of

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE C CERTIFICATION O							
1	Name of business entity filing form, and the city, state and co of business.	Certificate Number: 2020-608866					
Ī	Doggett Freightliner of South Texas, LLC		202	0-000000			
2	Converse, TX United States	a tha a continuat for or high that forms in	-	Filed: .7/2020			
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	04/1	.112020			
	City of McAllen			Acknowledged: 7/2020			
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 identi ovided under the contract.	fy the c	ontract, and prov	/ide a		
	04-20-P28-01						
	FOUR (4) CURRENT MODEL 66,000 GVW DIESEL CAB	& CHASSIS WITH 14 CY END DUM	Р				
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check applicable)			
				Controlling	Intermediary		
Do	oggett Industries Investments, LLC	DallasDallas, TX United States			X		
Do	oggett, William	Houston, TX United States		Х			
5	Check only if there is NO Interested Party.						
ь	UNSWORN DECLARATION						
	My name is	, and my date of	birth is		<u> </u>		
	My address is		,				
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr	rect.					
	Executed inCou	unty, State of, on the	c	lay of	_, 20		
				(month)	(year)		
		Signature of authorized agent of cor	tracting	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. 2020-608507 Paradigm Traffic Systems, Inc. Arlington, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/16/2020 being filed. Date Acknowledged: City of McAllen 4/20120 N 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. 04-20-P26-01 Five (5) Traffic Signal Cabinets for the Bicentennial Boulevard Expansion for Paradigm Traffic Systems, Inc. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Priester, Jerry Arlington, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is ______, and my date of birth is _______, and my date of birth is _______, _____Arlington My address is 2201 E. Division Street USA. (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. ____County, State of <u>Texas</u>, on the <u>16th</u> day of <u>April</u> Executed in Tarrant 20_20 (year)

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

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.		С	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business. Paradigm Traffic Systems, Inc. Arlington, TX United States	20	Certificate Number: 2020-608507			
2	Name of governmental entity or state agency that is a party to th being filed. City of McAllen	Date Filed: 04/16/2020 Date Acknowledged:				
				/20/2020		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 04-20-P26-01 Five (5) Traffic Signal Cabinets for the Bicentennial Boulevard	ded under the contract.			vide a	
4	Name of Interested Party	City, State, Country (pla	ace of business		f interest oplicable) Intermediary	
Pı	iester, Jerry	Arlington, TX United S	States	X	,c.mediaty	
_						
				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and	d my date of birth	າ is	·	
	My address is(street)	(city)	(state)	,(zip code)	_, (country)	
	I declare under penalty of perjury that the foregoing is true and correct	zt.				
	Executed inCounty	y, State of	, on the			
				(month)	(year)	
		Signature of authorized (De	agent of contrac	ting 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** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2020-608927 NM Contracting, LLC McAllen, TX United States Date Filed: 04/17/2020 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. 03-20-C18-02 Emergency Work at Uvalde Box Culverts Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary McAllen, TX United States X Munoz, Noel 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** 02/01/1968 Noel Munoz ____, and my date of birth is _ My name is ___ 78504 USA McAllen 2022 Orchid Avenue My address is (state) (city) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ Hidalgo Texas County, State of

Signature of authorized agent of contracting business entity

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US CERTIFICATION	PROTECTION OF THE PROPERTY OF THE PARTY OF T	
1	Name of business entity filing form, and the city, state and coun of business.		Certificate Number: 2020-608927			
	NM Contracting, LLC					
	McAllen, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	he form is	04/17/2020		
	City Of McAllen		ı	Date Acknowledged	l:	
			(04/20/2020		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to ded under the contrac	track or identify t t.	he contract, and pr	ovide a	
	03-20-C18-02					
	Emergency Work at Uvalde Box Culverts					
		1		Nature	of interest	
4	Name of Interested Party	City, State, Country	(place of busines	ss) (check a	applicable)	
				Controlling	Intermediary	
М	ınoz, Noel	McAllen, TX Unite	ed States	X		
	V. Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Carlotte and Car					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of bi	rth is	<u> </u>	
	My address is				_,	
	(street)	(city)	(stat	(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		
		acting business entity	,			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business en			ficate Number: -589897	
	Mor-Wil, L.L.C Mission TX United States			Data	Eiled:	
2	Mission, TX United States Name of governmental entity or state agency that is a party to the	contract for which t	he form is		Filed: 9/2020	
	being filed.			Det	A almanda da a f	
	City of McAllen				Acknowledged: 0/2020	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	y or state agency to ed under the contrac	track or identify t.	the co	ontract, and pro	vide a
	02-20-C11-361 2018 Bond- Group Drainage Projects C1 thru C4					
4		o:			Nature of	an are a surface and a surface
	Name of Interested Party	City, State, Country	(place of busine	ss)	(check ap	plicable) Intermediary
					Controlling	mitermediary
V.						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	irth is		
	My address is(street)	,(city)	,,(sta	, _	(zip code)	, (country)
			(sta	,	(21p 000e)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty,	State of	, on the	d	ay of(month)	, 20 (year)
		Signature of authoriz	ed agent of contra (Declarant)	acting	business entity	

FORM 1295

Γ					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
	 Name of business entity filing form, and the city, state and count of business. 	ry of the business entity's place	1	ificate Number:	OF FILING
	Mor-Wil, L.L.C		202	0-589897	
	Mission, 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		9/2020	
	City of McAllen		Date	Acknowledged:	
L			4	1/70/70	11
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 c	ontract, and pro	vide a
	02-20-C11-361				
	2018 Bond- Group Drainage Projects C1 thru C4				
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busine	ss)	(check ap	plicable)
-				Controlling	Intermediary
-			-		
_			1		
_					
			1		
			1		
	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
	My name is Albert Garza III	, and my date of birt	h is	10/14/1977	
	My address is 5925 Diamondback	_			
	(street)	Brownsville TX (state)	_' _	78526 (zip code)	USA (country)
	declare under penalty of perjury that the foregoing is true and correct.				
		T 40			
	Executed in County, S	tate of Texas, on the 19	day	of February	/, 20_20
		man 1.11		(month)	(year)
		MIBHY			
	- U	signature of authorized agent of contract	ting b	usiness entity	
rn	ns provided by Texas Ethics Commission www.ethics	(Declarant)			

FORM **1295**

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US			
1	Name of business entity filing form, and the city, state and co of business.	untry of the business enti		Certificate Number: 2020-585245			
	Castle Enterprises, LLC		202	con Total Total			
	Monte Alto, TX United States			e Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the	e form is 02/	06/2020			
	City of McAllen			e Acknowledged: 22/2020	•		
				AT REMOVED IN 1919 FOR LINEAR			
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-		ack or identify the	contract, and pro	vide a		
	02-20-C12-344 2018 Bond - Group D Drainage Improvements						
4	62 Se		120 121 12 00	07 19 7110	of interest		
	Name of Interested Party	City, State, Country (place of business)		pplicable)		
		2 2000000000000000000000000000000000000		Controlling	Intermediary		
C	astillo, Linda	Monte, TX United S	states	X			
_				—			
_				1			
_			A CONTRACTOR OF THE CONTRACTOR	 			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	2	nd my date of hirth i	s			
	my name is	, a	no my date of billill		•		
	My address is				,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and cor	rect.					
	Executed inCou	unty, State of	, on the				
				(month)	(year)		
		Signature of authorized (E	d agent of contractir Declarant)	ng business entity			

FORM 1295

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
1	me of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2020-585245			
	astle Enterprises, LLC			Date Filed			
2	Monte Alto, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 02/06/2020			
_	being filed. City of McAllen			Date Acknowledged:			
3	Provide the identification number used by the governmental entit	y or state agency to tr	ack or identify	the co	ontract, and pro	vide a	
	description of the services, goods, or other property to be provid 02-20-C12-344	ed under the contract.					
	2018 Bond - Group D Drainage Improvements						
_	I				Nature o	of interest	
4	Name of Interested Party	Name of Interested Party City, State, Country (place of bo		ess)	(check applicable)		
					Controlling	Intermediary	
C	astillo, Linda	Monte, TX United States			Х		
_						- 1	

_							
_			2.00.1.00.00 A No 10.00 A 10.00 A 10.00				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Linda Castillo - Owner/Managing Member , and my date of birth is June 1st, 1979 .					1979	
	My address is 2210 Marro Road, Monte Alto TX 78538				.,		
	(street)	(city)	(s	tate)	(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 6th day of February 20 20					ry _{, 20} 20 .	
	<u> </u>				(month)		
	Hunda Castillo, Linda Castillo						
	Signature of authorized agent of contracting business entity						
	(Declarant)						

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2020-608486 Park Place Recreation Designs, Inc. Date Filed: San Antonio, TX United States 04/16/2020 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. 04-20-P27-01 Suarez Playground Equipment Renovation Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Ahrens, Robert San Antonio, TX United States Х Ahrens, Marilyn San Antonio, TX United States Х Ahrens, Andrew San Antonio, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** Marilyn Ahrens I declare under penalty of perjury that the foregoing is true and correct. Executed in _____ Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:			
	Park Place Recreation Designs, Inc.			2020-608486			
2	San Antonio, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 04/16/2020			
	being filed. City of McAllen			Date Acknowledged:			
	City of MicAllett			04/22/2020			
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.						
	04-20-P27-01	ea ander the contract					
	Suarez Playground Equipment Renovation						
4		<u> </u>		Nature of interest			
	Name of Interested Party City, State, Country (pl		ness)	(check ap	·		
Ahrens, Robert San Antonio, TX		San Antonio TV United States		Controlling X	Intermediary		
, w	rens, resert	San Antonio, TX United States					
Ahrens, Marilyn		San Antonio, TX United States		Х			
Ahrens, Andrew		San Antonio, TX United States		Х			
5	Check only if there is NO Interested Party.						
_							
6	UNSWORN DECLARATION						
	My name is	and my date of birth is					
My address is,,,							
	(street)		tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty	, State of, on the	d				
				(month)	(year)		
	Signature of authorized agent of contracting business entity						
	(Declarant)						

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2019-567217				
	Affordable Homes of South Texas, Inc.		2013	9-507217				
	McAllen, TX United States		Date	Filed:				
2		me of governmental entity or state agency that is a party to the contract for which the form is			12/05/2019			
	eing filed.			Date Acknowledged:				
	City of McAllen			1/2020				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		ify the c					
	CDBG B-19-MC-48-0506							
	Funds will be used for the reconstruction and/or rehabilitation of singe family affordable housing units.							
4				Nature of interest				
	Name of Interested Party City, State, Country (place of busi		iness)	(check ap				
				Controlling	Intermediary			
					 			
					_			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of birth is						
	My address is(street)		(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	, State of, on th	e	day of	, 20			
				(month)	(year)			
	-	Signature of authorized agent of co	ontractin	g business entity	_			

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-567217 Affordable Homes of South Texas, Inc. McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 12/05/2019 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. Funds will be used for the reconstruction and/or rehabilitation of singe family affordable housing units. 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 Robert Calvillo _____, and my date of birth is _3- 28-63 (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of TEXAS Executed in (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

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. 2020-613544 GILLIG LLC Date Filed: Livermore, CA United States 04/30/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 04-20-P30-01 Purchase of Eight (8) GILLIG 35-Foot Low Floor Buses 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 JOSEPH POLICARPIO, VICE PRESIDENT SALES , and my date of birth is JULY '56 My address is 451 DISCOVERY DRIVE LIVERMORE CA 94551 USA (city) (state) (country) (street) (zip code) I declare under penalty of perjury that the foregoing is true and correct. _County, State of CA Executed in ALAMEDA Signature of authorized agent of contracting business entity

(Declarant)

	CERTIFICATE OF INTERESTED PART	TES		FORM	л 129 5
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	Certificate N 2020-61354		
<u> </u>	GILLIG LLC Livermore, CA United States Name of governmental entity or state agency that is a party to the	contract for which the form is	Date Filed: 04/30/2020		
	being filed. City of McAllen		Date Acknov 04/30/2020		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided Project No. 04-20-P30-01 Purchase of Eight (8) GILLIG 35-Foot Low Floor Buses	y or state agency to track or identify ed under the contract.	the contract	, and prov	ide a · · · · ·
4		Site State Soundary fallows of husein		Nature of	
	Name of Interested Party	City, State, Country (place of busin		check ap	Intermediary
					-
				1	
	·				
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	state) (zip	code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	, State of, on the	day of _	(month)	
				(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntracting busin	ess entity	

CERTIFICATE OF INTERESTED PAR	RTIES	FOF	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				
 Name of business entity filing form, and the city, state and cour of business. 	ntry of the business entity's place	Certificate Number: 2020-574841			
Cruz-Hogan Consultants, Inc. McAllen, TX United States		Date Filed:			
Name of governmental entity or state agency that is a party to ti being filed.	he contract for which the form is	01/08/2020			
City of McAllen		Date Acknowledged:			
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract,	the contract, and pro	vide a		
RFQ Project No. 01-20-S20-531 Professional Engineering Services for Design of Various Roa	adway Projects				
4			Nature of interest		
Name of Interested Party	City, State, Country (place of busine	controlling	pplicable) Intermediary		
Cruz, Rolando	McAllen, TX United States	X	intermedial y		
Cruz, Orlando	Weslaco, TX United States	х			
·					
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name is Rolando Cruz, P.E., CFM	, and my date of t	oirth is <u>09/29/1956</u>	3		
My address is 605 E. Violet Ave., Ste. 1	McAllen TX	78504 (zip code)	, USA		
(street)	,	ne) (Zip Code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct		Qth lanuar	, an		
Executed in Hidalgo Count	ty, State of Texas on the	Sth _{day of} Januar (month)	y , 20 <u>20 .</u> (year)		
	Signature of authorized agent of cont (Declarant)	racting business entity	· · · · · · · · · · · · · · · · · · ·		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2020-574841 Cruz-Hogan Consultants, Inc. McAllen, TX United States Date Filed: 01/08/2020 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 04/30/2020 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. RFQ Project No. 01-20-S20-531 Professional Engineering Services for Design of Various Roadway Projects Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Cruz, Rolando McAllen, TX United States Х Weslaco, TX United States Х Cruz, Orlando 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is ____ _____, and my date of birth is ______, My address is _ (zip code) (street) (city) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _______, on the ____day of _ (year) Signature of authorized agent of contracting business entity (Declarant)

FORM 1295 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. 2020-608531 Mata G. Construction Inc. Penitas, TX United States Date Filed: 04/16/2020 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 03-10-C19-444 Monument Demolition and Rebuild, Parking Lot Lights Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х City of McAllen McAllen, TX United States 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** , and my date of birth is $_03/30/1979$ Oved Ivan Mata My name is 3601 Tom Gill Rd. USA Penitas My address is (city) (country) I declare under penalty of perjury that the foregoing is true and correct. Hidalgo on the 16 day 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: 2020-608531 Mata G. Construction Inc. Date Filed: Penitas, TX United States 04/16/2020 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 05/04/2020 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. 03-10-C19-444 Monument Demolition and Rebuild, Parking Lot Lights Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** ____, and my date of birth is _ My name is My address is ____ (country) (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 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: 2019-565744 of business. TEDSI Infrastructure Group, Inc. Date Filed: Mission, TX United States 12/02/2019 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, Texas <14/122D Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-S45-502 SOQ-Professional Engineering Services for Design of Storm Drainage Improvements Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Mission, TX United States Salinas, Jesus Х Houston, TX United States Lupher, Mark W. Х Houston, TX United States Morris, Jr., Jules M. Mission, TX United States Х Stong, Craig F. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** _, and my date of birth is <u>12/</u>24/1957 My name is ____Jesus Salinas My address is 2108 Scout Lane USA Mission (state) (street) I declare under penalty of perjury that the foregoing is true and correct. on the 2nd day of December, 20 19_ _County, State of <u>Texas</u> Hidalgo Executed in

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

(year)

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: 2019-565744 TEDSI Infrastructure Group, Inc. Date Filed: Mission, TX United States 12/02/2019 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, Texas 05/04/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-19-S45-502 SOQ-Professional Engineering Services for Design of Storm Drainage Improvements Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Mission, TX United States Salinas, Jesus Х Houston, TX United States Lupher, Mark W. Х Houston, TX United States Morris, Jr., Jules M. Х Mission, TX United States Stong, Craig F. 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) (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

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.		CEI	OFFICE USI RTIFICATION		
 Name of business entity filing form, and the city, state and cou of business. 	intry of the business entity's place		ficate Number: 0-574890	:	
TEDSI Infrastructure Group, Inc. Mission, TX United States		Date	Filed:		
2 Name of governmental entity or state agency that is a party to	the contract for which the form is	01/0	8/2020		
being filed. City of McAllen, Texas	····	Date	Acknowledged:		
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be proved Project No. 01-20-S20-531 Statement of Qualifications for Professional Engineering Se	vided under the contract.			vide a	
4	<u> </u>		Nature of Interest		
Name of Interested Party	City, State, Country (place of bus	iness)	Controlling	pplicable) Intermediary	
Salinas, Jesus	Mission, TX United States		Х	unconiculary	
Lupher, Mark W.	Houston, TX United States		X		
Morris, Jr., Jules M.	Houston, TX United States		х		
Stong, Craig F.	Mission, TX United States		х		
5 Check only if there is NO interested Party.					
6 UNSWORN DECLARATION					
My name is Jesus Salinas	, and my date	of birth is	12/24/195		
My address is 2108 Scout Lane (street)	Mission (city)	TX (state)	78572 (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	e 8th	day of <u>Tanuar</u> (month)	y_, 20 <u>20</u> . (year)	
	Signature of authorized agent of o	ontractin			
Forms provided by Texas Ethics Commission www.	ethics.state.tx.us		Version	V1.1.3a6aaf7	

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

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: 2020-574890 TEDSI Infrastructure Group, Inc. Mission, TX United States Date Filed: 01/08/2020 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 05/05/2020 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. 01-20-S20-531 Statement of Qualifications for Professional Engineering Services for Design of Various Roadway Projects Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Salinas, Jesus Mission, TX United States Houston, TX United States Х Lupher, Mark W. Houston, TX United States Х Morris, Jr., Jules M. Mission, TX United States Х Stong, Craig F. 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 ____ Executed in _ _day of _ (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

	CERTIFICATE OF INTERESTED PARTIES		FOR	м 1295	
				1 nf <u>t</u>	
	Complete Nos. $1 \cdot 4$ and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	H	OFFICE USE	[]	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	11	icate Number: -G10969		
	Southern Trenchtess Solutions, LLC La Feria, TX United States	Date i	Filed: •		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/23	3/2020		
	City of McAllen	Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract. Project No. 03-20-C18-02 City of McAllen - Uvalde Ave. Box Culvert Emergency Repairs	the co	ontract, and prov	/ide a	
4		T	Nature of	interest	
4	Name of Interested Party City, State, Country (place of busin	iess)		sk applicable)	
			Controlling	Intermediary	
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4,					
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	·		PHONE		
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	'				
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			<u></u>		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		, ,		
	My name is	birth is	1P1C	1977	
	My address is 1303 W. 310 St. 1-Dt. #24. Westado. T	itale)	78590 (zip code)	, <u>LLS</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.		1	į	
	Executed in	<u> </u>	tay of Hori		
	Signature of authorized agent of cor (Declarant)	ntracting	j business entity		
<u>-</u> -	www. object state ty IS		Moreign	VI 1 3a6aa[7d	

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. 2020-610969 Southern Trenchless Solutions, LLC La Feria, TX United States Date Filed: 04/23/2020 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 05/06/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 03-20-C18-02 City of McAllen - Uvalde Ave. Box Culvert Emergency Repairs Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** _____, and my date of birth is _____ My name is ____ My address is __ (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. (month) (year)

Signature of authorized agent of contracting business entity

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-593059 Artillery L.L.C. Edinburg, TX United States Date Filed: 02/27/2020 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. Bicentennial Hike & Bike Trail- Morris Park Addition Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen , TX United States 5 Check only if there is NO interested Party. **6 UNSWORN DECLARATION** and my date of birth is I declare under penalty of perjury that the foregoing is true and correct. County, State of Texs 5 Executed in Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 129 5		
					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI			
1	Name of business entity filing form, and the city, state and coun of business. Artillery L.L.C.	ntry of the business entity's place		ficate Number:)-593059			
	Edinburg, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	02/2	02/27/2020			
	City Of McAllen			Acknowledged: 7/2020			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 02-20-C15-362 Bicentennial Hike & Bike Trail- Morris Park Addition	tity or state agency to track or identify ided under the contract.	the co	ontract, and pro	vide a		
4		<u> </u>			f interest		
•	Name of Interested Party	City, State, Country (place of busin	ess)	<u> </u>	plicable)		
				Controlling	Intermediary		
Ci	ty of McAllen	McAllen , TX United States		Х			
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	7						
			<u> </u>				
_							
5	Check only if there is NO Interested Party.				·		
6	UNSWORN DECLARATION						
	My name is	, and my date of	birlh is				
	My address is(street)	(city) (st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of, on the	d	lay of	, 20		
				(month)	(year)		
		Signature of authorized agent of con (Declarant)	tracting	j 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. 2020-615977 Infrastructure Management Services, LLC Tempe, AZ United States Date Filed: 05/06/2020 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. 03-20-S55-01 Pavement condition data collection services Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Tempe, AZ United States Х Turner, Derek Santa Barbara, CA United States Х Weaver, Kent Х New York, NY United States Saltoun, Andrew Pasadena, CA United States Х TD Investment Company Menlo Park, CA United States Х Search Fund Partners 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION**

and my date of birth is 11/27/1989 My name is Derek Turner USA Tempe My address is 1311 W. Laird St. (street) (city) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Arizona Executed in Maricopa , on the <u>Sixth</u>day of <u>May</u> 2020 (month) (vear) Signature at authorized agent of contracting business entity Version V1.1.3a6aaf7d Forms provided by Texas Ethics Commission www.ethics.state.tx.us

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. 2020-615977 Infrastructure Management Services, LLC Date Filed: Tempe, AZ United States 05/06/2020 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 05/07/2020 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. 03-20-S55-01 Pavement condition data collection services Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Tempe, AZ United States Turner, Derek Santa Barbara, CA United States Х Weaver, Kent Х New York, NY United States Saltoun, Andrew Pasadena, CA United States Х TD Investment Company Х Menlo Park, CA United States Search Fund Partners 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** 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 _ (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. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2020-618368 Park Place Recreation Designs, Inc. San Antonio, TX United States Date Filed: 05/12/2020 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 Installation of Suarez Park West Playground Nature of interest 4 (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary San Antonio, TX United States Х Ahrens, Robert Х San Antonio, TX United States Ahrens, Marilyn San Antonio, TX United States Ahrens, Andrew 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is 10/29/1952 I declare under penalty of perjury that the foregoing is true and correct. _County, State of _ Executed in _ (month)

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Signature of buthorized agent of contracting business entity

Version V1.1.3a6aaf7d

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. 2020-618368 Park Place Recreation Designs, Inc. Date Filed: San Antonio, TX United States 05/12/2020 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 05/12/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 05-20-P31-01 Purchase and Installation of Suarez Park West Playground Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary San Antonio, TX United States Х Ahrens, Robert Х San Antonio, TX United States Ahrens, Marilyn San Antonio, TX United States Ahrens, Andrew 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) I declare under penalty of perjury that the foregoing is true and correct. Executed in ______County, State of ______, on the ____day of (year) Signature of authorized agent of contracting business entity (Declarant)

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. 2020-609464 Polydyne Inc. Date Filed: Riceboro, GA United States 04/20/2020 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. Purchase and Delivery of Polymer for Rotary Drum Thickeners 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. Х **6 UNSWORN DECLARATION Boyd Stanley** 4/10/1960 and my date of birth is My name is_ GA. USA 1 Chemical Plant Road 31323 Riceboro My address is_ (state) (country) (city) (zip code) (street) I declare under penalty of perjury that the foregoing is true and correct. 20 Georgia/ Liberty County, State of Executed in (month) (year)

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Department)

Version V1.1.3a6aaf7d

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. 2020-609464 Polydyne inc. Riceboro, GA United States Date Filed: 04/20/2020 2 Name of governmental entity or state agency that is a party to the contract for which the form is City of McAllen Date Acknowledged: 05/15/2020 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. 04-20-SP09-82 Purchase and Delivery of Polymer for Rotary Drum Thickeners 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. Х **6 UNSWORN DECLARATION** My name is ______, and my date of birth is ______ My address is ____ (city) (street) (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

	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	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2020-615833				
	Ancira RV Boerne, TX United States		Date	Filed: 3/2020			
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen Police Department	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 to the services of the property to be provided to the services. Provided the services of the provided to the services of	ity or state agency to track or identify ded under the contract.	the co	entract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busin	ess)		f interest oplicable)		
L			[Controlling	Intermediary		
Α	ncira RV	Boerne, TX United States		×	·		
		<u> </u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is GARY Etherington	, and my date of	birth is	4-2-	68		
	My address is 107 TAPATIO OR E (street)	Boerne T	<u>X,</u> ate)	48006 (zlp code)	. <u>USA</u> . (country)		
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed in KENDO!/ Count	ly, State of TEXAS, on the	<u>(</u>	ay of MAT	, 20 <u></u>		
				, ,	*		
	<u>27</u>	Signature of authorized agent of cont (Declarant)	tracting	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. 2020-615833 Ancira RV Boerne, TX United States Date Filed: 05/06/2020 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 Police Department 05/28/2020 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. 050-P29-19 For the Purchase & Delivery of One New police Motor Home Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Boerne, TX United States Х Ancira RV 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is ______, and my date of birth is ______, My address is ____ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _______County, State of ______, on the ____day of _ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	THES		FORM	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.			OFFICE USE	
1	Name of business entity filing form, and the city, state and cou of business.	e Certif	icate Number: -627591		
	Xylem Dewatering Solutions Corpus Christi, TX United States		1	Filed: 3/2020	
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form i	5 106/03	3/2020	
	City of McAllen			Acknowledged: 1/2020	
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro 05-20-P32-01 (2) 6" Diesel pumps mounted on trailers	ntity or state agency to track or i	dentify the co		
4	Name of Interested Party	City, State, Country (place of	business)	Nature of (check ap	
				Controlling	Intermediary
С	antu, Jonathan	Corpus Christi, TX United	States		Х
			,		···
					<u></u> ,
					•
					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birth is	·	
	My address is(street)	(city)	, (state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.			
	Executed inCo	ounty, State of	on the	day of	, 20
	LAGORIGA III			(month)	(year)
		Signature of authorized ager		g business entity	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-627591 **Xylem Dewatering Solutions** Corpus Christi, 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 06/03/2020 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. 05-20-P32-01 (2) 6" Diesel pumps mounted on trailers Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Cantu, Jonathan Corpus Christi, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** I declare under penalty of perjury that the foregoing is true and correct. ___County, State of

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Version V1.1.3a6aaf7d

(month)

Signature of authorized agent of contracting 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.		ÇEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ficate Number; -605532	
	RGVCM Group LLC Edinburg, TX United States		l		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	.,,	Filed: 7/2020	
	being filed. City of McAllen, Texas		Date	Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	03-20-C19-444 Construction Work				
	Construction Work				
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ag	
_				Controlling	Intermediary
Lc	pez, Jose	Edinburg, TX United States		х	
,					
					<u></u>
-					
5	Check only if there is NO Interested Party.			•	
6	UNSWORN DECLARATION				_
	My name is JOSE A. LOPEZ	, and my date of	birth is	07-14	-1953
	My address is 6015, 10th Ave, UNITA	EQUAURG TE	iale)	2 78539 (zip code)	, <u>115</u> . (country)
	I declare under penalty of perjury that the foregoing is true and corre	act.			
	Executed in HIDALGO Coun	nty, State of TEXAS, on the	74	day of APRIL (month)	, 20 <i>22</i>). (year)
		and a home			
		Signature of authorized agent of con (Declarant)	tractin	g business entity	
F	orms provided by Texas Ethics Commission www.e	thics.state.tx.us		Version	V1.13a6aaf7d

FORM 1295

					- dus		
	Complete 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			
ī	Name of business entity filing form, and the city, state and coun of business.	Certificate Number: 2020-605532					
	RGVCM Group LLC						
	Edinburg, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	04/0	7/2020			
	being filed.		Date	Acknowledged:			
	City of McAllen, Texas			5/2020			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided.	tity or state agency to track or identified under the contract.	y the c	ontract, and prov	ide a		
	03-20-C19-444						
	Construction Work						
л				Nature of			
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
· ·				Controlling	Intermediary		
Lo	pez, Jose	Edinburg, TX United States		х			
_					·		
		:	. , -				
		<u> </u>					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my date o	f birth is	s	•		
	My address is(street)	,,	, state)	(zip cade)	, (country)		
				, . ,,			
	I declare under penalty of perjury that the foregoing is true and corre						
	Executed inCour	nty, State of, on the		day of(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PAR	RTIES		FOR	км 1295	
`			··········	1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2020-608309			
Name of business entity filling form, and the city, state and countries. Art Urban InfraStructure Danne Tylinian States.	intry of the business entity's place				
Donna, TX United States 2 Name of governmental entity or state agency that is a party to	the contract for which the form is	Date Fil 04/16/2			
being filed. City of McAilen		Date Ac	:knowledged:		
3 Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 03-20-C19-444 Construction services for new monument sign	ntity or state agency to track or identify vided under the contract.	the cont	tract, and pro	vide a	
4 Name of Internated Flauki	City State County foliogo of busing			f interest	
Name of Interested Party	City, State, Country (place of busin	· ·	(check ag Controlling	Intermediary	
Gonzalez, Craig	Donna, TX United States	,	×		
				- 41.	
				·	
			<u>-</u> .		
				···	
	·		,		
				···	
5 Check only if there is NO Interested Party.	<u>, , , , , , , , , , , , , , , , , , , </u>				
6 UNSWORN DECLARATION					
Myname is Craig Gonzalez	, and my date of	birth is <u>/</u>	0/21/1	977	
My address is 207 5. 23r 2 57	Donna I	7 -	78537	115	
My address is (street)		ate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and corre	ect.	. 11.			
Executed in Hiclard Cour	nty, State of PXAS on the	$\int_0^{\infty} day$	of April	, 20 <u>Q ()</u> .	
MELISSA ZAVALA Notary Public, State of Texas	(/,')		• ,	¥	
Comm. Expires 05-15-2021	Signature of authorized agent of con (Declarant)	tracting bu	ısiness entity		
Forms provided by Texas Emics Commission www.e	thics.state.tx.us		Version	V1.1.3a6aaf7c	

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. 2020-608309 mr. Urban Infrastructure Donna, TX United States Date Filed: 04/16/2020 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 06/24/2020 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. 03-20-C19-444 Construction services for new monument sign Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Donna, TX United States Gonzalez, Craig 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 ____ Executed in ____ (month) (year)

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

FORM **1295**

-				ΔEE	ICE 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.		- 1,			OF FILING	
	· · · · · · · · · · · · · · · · · · ·	20.1					
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's	s place 2	Certificate Number: 2020-626561			
	GO UNDERGROUND			Date Filed:			
	HARLINGEN TX, TX United States	andreas for which the f	۱.	6/02/2020			
2	Name of governmental entity or state agency that is a party to the being filed.	CONFIRCTION WHICH THE M	JIIII 15	-,			
	City of McAllen		D	ate Ackno	owledged:		
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 tracked under the contract.	or identify th	ie contrac	t, and prov	ide a	
	06-20-C23-325						
	2018 BOND- GROUP A DRAINAGE IMPROVEMENTS- BICE	NTENNIAL BLUELINE	(HARVEY A)	/E TO TA	MARACK	AVE)	
_	BRIDGE IMPROVEMENTS				Nature of	interest	
4	Name of Interested Party	City, State, Country (pla	ce of busines	ş)	(check ap		
	1,				ntrolling	Intermediary	
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				ļ			
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	·						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is GEORGE OLIVARES		d my date of bi	an in 07/	13/1953	3	
	My name is OEONGE CENTRALES	, an	a my date of of	14118			
	My address is 603 SOUTH TOWER RD	ALAMO	, TX	785	16	. US	
	(street)	(city)	(stat	e) (z	zip code)	(country)	
1							
	I declare under penalty of perjury that the foregoing is true and correct	et,					
	Executed in HIDALGOCount	y, Stale of TEXAS	, on the 0	2 day of	JUNE	.20 20	
	Executed III	A			(กากเกา)	(year)	
		<i>(</i>),	1	1 .			
		Dev	ice OH	mand			
		Signature of authorized	a jent of contr	acting busi	iness entity		
١		(D)	v(arant)				

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count	Certificate Number:					
	of business.)-626561					
	GO UNDERGROUND HARLINGEN TX, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		2/2020			
_	being filed.	•		A almanda da da ada			
	City of McAllen			Acknowledged: 6/2020			
	Provide the identification number used by the governmental entit	ty or state agency to track or identify			vide a		
3	description of the services, goods, or other property to be provided	led under the contract.	, the c	ontract min blo	nac u		
	06-20-C23-325						
	2018 BOND- GROUP A DRAINAGE IMPROVEMENTS- BICE BRIDGE IMPROVEMENTS	ENTENNIAL BLUELINE (HARVEY	AVE "	TO TAMARACK	AVE)		
-	BRIDGE IMPROVEMENTS			Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
			· -, -	Controlling	Intermediary		
		W. C. C. C. C. C. C. C. C. C. C. C. C. C.		1			
_		<u> </u>					
		, , , , , , , , , , , , , , , , , , , ,					
			_				
H							
<u> </u>							
		2/2/1/		! • **	,		
5	Check only if there is NO Interested Party.						
	X						
6	UNSWORN DECLARATION						
	My name is	and my date of	bidh is	.			
	wy flattie is	1 date of	Off III	·			
	My address is		1		,		
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	Σζ.					
	Executed inCounty	y, State of, on the		day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

	CERTIFICATE OF INTERESTED PARTIES			FORM 1295		
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ICE USE	ONLY OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. S & B Infrastructure, Ltd.			Certificate Number: 2019-546290		
	Houston, TX United States			Date Filed:		
	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen			09/30/2019 Date Acknowledged:		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov Project No.: 10-19-S03-648 Anzalduas NS Commercial Bridge Professional Services	tity or state agency to track or identify ided under the contract.	the contrac	et, and pro	/ide a	
4		,		Nature of		
7	Name of Interested Party	City, State, Country (place of busin	cneck (cneck		plicable)	
_				ttroming	Intermediary	
Ri	os, Daniel	Houston, TX United States	×			
_						
					.=,	
					·····	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Daniel O. Rios, PE	, and my date of	birth is <u>09/</u>	12/1962	'	
	My address is 3535 Sago Road	. Houston . Ta	<u> </u>	7056 tip code)	. USA .	
	My address is 3535 Sagc Road (street)	(city) ··· (s	tate) (2	tip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Harris Cour	nty, State of <u>Texas</u> , on the	<u>01</u> day of	October (month)	, 20 <u>19</u> . (year)	
		Sail d. Q:				
		Signature of authorized agent of con (Declarant)	tracting busi	ness entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2019-546290				
	S & B Infrastructure, Ltd.			Date Filed:				
	Houston, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is			09/30/2019				
_	being filed.			Date Acknowledged:				
	City of McAllen			06/25/2020				
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	the identification number used by the governmental entity or state agency to track or identify the contract, and provide a tion of the services, goods, or other property to be provided under the contract.						
	Project No.: 10-19-S03-648 Anzalduas NS Commercial Bridge		Profe	ession	al Services			
_	<u> </u>				Nature of interest			
4	Name of Interested Party	City, State, Country	y, State, Country (place of busin		(check ap	plicable) Intermediary		
_		Houston TV Unite	d States	_	X	intermediary		
Ri	os, Daniel	Houston, TX Unite	u States		^			
_								
_								
	Check only if there is NO Interested Party. UNSWORN DECLARATION							
U	My name is		and my date of	birth is	:			
	my name is	J	and my date of	0	·			
	-My address is(street)	(city)	(s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	County, State of, on the						
					(month)	(year)		
		Signature of authori		ntractin	g business entity			
			(Declarant)					

	CERTIFICATE OF INTERESTED PART	TIES		FOR	м 1295		
=	Complete Nos. 1 - 4 and 6 if there are interested parties.		T	OFFICE USE			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION			
1	lame of business entity filing form, and the city, state and country of the business entity's place If business.			Certificate Number: 2020-625236			
	Dano Enterprises, inc Stamford, CT United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	ne of governmental entity or state agency that is a party to the contract for which the form is					
	being filed. City of McAllen, TX	' lo			ate 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. 06-20-SP16-85 Lawn & Leaf Bags- 06-20-SP16-85						
4				Nature of			
	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	Intermediary		
-							
!							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Joel Ephraim	, and my da	te of birth i	_s Jan 20, 19			
	My address is 17 Ingleside Drive	, Stamford	CT (state)	(zip code)	(country)		
	(street) I declare under penalty of perjury that the foregoing is true and correct	,			•		
	Egirfield		the <u>28</u> t	hay of May	, <u>20</u>		
	Kannalist Sandh.	The Carlo		(monih)	(year)		
	KANWALJEET SANDHU Signature of authorized agent of contracting business entity (Declarant)						

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NOTARY PUBLIC
FORMATION EXPRESSIVE SO, 2022 on

FORM **1295**

	Complete Nos. 1 - 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: 2020-625236				
	Dano Enterprises, Inc						
	Stamford, CT United States			Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	7 05/2	05/29/2020			
	being filed.		Date	Date Acknowledged:			
	City of McAllen, TX			0/2020			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	06-20-SP16-85			•			
	Lawn & Leaf Bags- 06-20-SP16-85						
			·····	Nature of	interest		
4		City, State, Country (place of bus	inecc)	(check ap	•		
•	Name of Interested Party City, State, Country (place of busing			Controlling	Intermediary		
				Controlling			
_							
				<u> </u>			
L					<u></u>		
5	Check only if there is NO interested Party.						
<u>_</u>	UNSWORN DECLARATION						
	My name is, and my date of birth is						
				,			
l	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of, on the	ie	_day of	, 20		
	Executed iii			(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. **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: of business. 2020-621429 M.J.A. Construction, LLC Date Filed: Mission, TX United States 05/20/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 05-20-C20-535 Southeast Waterline and Sewerline Improvements Nature of interest 4 (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary MISSION, TX United States Х Gonzalez, Sonya 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 (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. _County, State of _Texas Executed in Hidalgo on the 20thday of May ₂₀20 (month) (year)

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Signature of authorized agen (a) contracting business entity (Declarant)

Version V1.1.3a6aaf7d

FORM **1295**

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	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and of business.	business entity filing form, and the city, state and country of the business entity's place ss.			Certificate Number: 2020-621429		
	M.J.A. Construction, LLC			2010 011 110			
_	Mission, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			05/20/2020			
	City of McAllen				Date Acknowledged: 07/02/2020		
3		the identification number used by the governmental entity or state agency to track or identify the contract, and provide a tion of the services, goods, or other property to be provided under the contract.					
	05-20-C20-535						
	Southeast Waterline and Sewerline Improvements		-	•			
4				Nature of interest			
	Name of Interested Party	City, State, Country	(place of business		oplicable)		
				Controlling	Intermediary		
G	onzalez, Sonya	MISSION, TX Uni	ted States	X			
_							
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	,		_1	·		
	(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 .		
				(month)	(year)		
		Signature of authoriz	red agent of contract (Declarant)	ting business entity	<u>.</u>		
			1- someth				

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
1				Certificate Number: 2020-640380		
	JTS	.			miles.	
_	Dallas, TX United	States ental entity or state agency that is a part	by to the contract for which the form is	ı	Filed: 6/2020	
2	being filed.	ental entity or state agency that is a part	y to the contract for which the form is			1
	City of McAllen				Acknowledged:	,
					110/20 N	<u></u>
3	description of the	services, goods, or other property to be	tal entity or state agency to track or identify provided under the contract.	the c	ontract, and prov	ide a
	Project No. 06-20 PURCHASE AND		NT FOR VARIOUS RESIDENTIAL SUBD	IVISIO	ONS	
4		-			Nature of	
	1	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary
					Controlling	intermediary
Er	nerick, Thomas		Dallas, TX United States		X	
FL	ıller, Kyle		Dallas, TX United States			Х
	_					
::						
-						
\vdash						-
_						
5	Check only if there	e is NO Interested Party.				
6	UNSWORN DECLA	ARATION				
	My name is	Thomas Emerick	, and my date of	birth is	<u> 12/06/196</u>	2
:	My address is	5310 S. Cockrell Hill Road (street)	, <u>Dallas</u> , <u>T</u> (city) (s	TX_, tate)	75236 (zip code)	, <u>USA</u> . (country)
	I declare under per	nalty of perjury that the foregoing is true and	d correct.			
	Executed in	Dallas	_County, State of, on the	6th	day of July (month)	, 20 <u>20</u> 0 , (year)
			Thoo Enix	/	(c)	V/
			Signature of authorized agent of cor (Declarant)	itractin	g business entity	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
	of business.	filing form, and the city, state and country of the business entity's place Certificate Number: 2020-640380				
	JTS		 			
_	Dallas, TX United States			Filed: 6/2020		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	10,70	0/2020		
	City of McAllen			Acknowledged: 0/2020		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		y the c	ontract, and prov	∕ide a	
	Project No. 06-20-P34-01 PURCHASE AND INSTALLATION OF WIFI EQUIPMENT FO	R VARIOUS RESIDENTIAL SUBI	DIVISIO			
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
En	nerick, Thomas	Dallas, TX United States		Х		
Fu	ller, Kyle	Dallas, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	s		
	My address is					
	(street)	(city) (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of, on the			, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-593152 RDH SITE AND CONCRETE, LLC PALMVIEW, TX United States Date Filed: 02/27/2020 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 07/15/2020 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. 02-20-C11-361 2018 BOND - GROUP DRAINAGE PROJECTS C1 THRU C4 Nature of interest 4 (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х ALAMO, TX United States DE HOYOS, ROGELIO Х DE HOYOS, DIANALY ALAMO, TX United States 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is _____ _____, and my date of birth is ___ My address is ____ (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)

	CERTIFICATE OF INTERESTED PA	ARHES		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 CERTIFICATION		
1	Name of business entity filing form, and the city, state and of business.	country of the business en		Certificate Number: 2020-593152		
	RDH SITE AND CONCRETE, LLC PALMVIEW, TX United States		c	ate Filed:		
2		to the contract for which t		2/27/2020		
	CITY OF MCALLEN		D	ate Acknowledged:		
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be p			ne contract, and pro	vide a	
	02-20-C11-361 2018 BOND - GROUP DRAINAGE PROJECTS C1 THR	U C4				
4	Name of Interested Party	City, State, Country	(place of busines	1	f interest	
			,,	Controlling	Intermediary	
DI	E HOYOS, ROGELIO	ALAMO, TX Unite	d States	×		
DI	E HOYOS, DIANALY	ALAMO, TX Unite	d States	Х		
					· · · · · · · · · · · · · · · · · · ·	
			,		,	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				-	
	My name is DIANALY DE HOYOS		and my date of bird	th is04-08-1	985	
	My address is 1501 PECINA ROAD (street)	, ALAMO	, <u>TX</u> , state	78516 (zip code)	, USA (country)	
	I declare under penalty of perjury that the foregoing is true and c		(, (,	(,	
		County, State of TEXAS	, on the 2	7_ _{day of} _Februa	ry _{. 20} 20	
			400	(month)	(year)	
	 -	Signature of authoriz	zed agent of contra (Declarant)	cting business entity		

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING		
 Name of business entity filing form, and the city, state and cou of business. Lee Engineering, LLC Dallas, TX United States 	Certificate Numbor: 2020-593502 Date Filed:		
 Name of governmental ontity or state agency that is a party to a being filed. 	he contract for which the form is	02/27/2020	
City of McAllen		Date Acknowledged:	
3 Provide the Identification number used by the governmental er description of the services, goods, or other property to be prov 06-19-S55-523 Comprehensive Traffic Study	ntity or state agency to track or identify rided under the contract.	the contract, and provide a	
4 Name of Interested Party	City, State, Country (place of busing	Nature of interest (check applicable) Controlling Intermediary	
Lee, Jim	Phoenix, AZ United States	X X	
Shah, Dharmesh	Dallas, TX United States	х	
Short, Joseph	Dallas, TX United States	X	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is	, and my date of	birth is	
My address is 3030 LBJ Freeway, Suite 1660 (street)	, <u>Dallas</u> , <u>T</u> (city) (st	X	
I declare under penalty of perjury that the foregoing is true and corr	rect.	ŧ	
Executed in <u>Dalles</u> Cou	inty, State of <u>Texas</u> , on the	27th day of <u>February</u> , 20 <u>20</u> , (month) (year)	
	Signature of authorized agent of con (Declarant)	tracting business entity	

FORM 1295

_	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2020-593502		
	Lee Engineering, LLC				•	
	Dallas, TX United States		Date	Filed;	1	
2	Name of governmental entity or state agency that is a party t	o the contract for which the form is	02/2	7/2020	·	
	being filed.			•		
	City of McAllen			Acknowledged: 2/2020		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr	entity or state agency to track or ide ovided under the contract.	ntify the c	ontract, and prov	ride a	
	06-19-\$55-523					
	Comprehensive Traffic Study					
		1		Nature of	interest	
4	No	City, State, Country (place of be	einaee\	(check an		
	Name of Interested Party	City, State, Country (place of bi	u sii leaa j	Controlling	Intermediary	
					intermediary	
Le	ee, Jim	Phoenix, AZ United States		X		
Şŀ	nah, Dharmesh	Dallas, TX United States		Х		
Sł	nort, Joseph	Dallas, TX United States		×		
_				-		
			· · · <u> </u>	<u> </u>		
••						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		 			
	My name is	, and my da	te of birth i	s		
	My address is			I	·	
	(street)	(city)	(state)	(zíp code)	(country)	
	I declare under penalty of perjury that the foregoing is true and c	orrect.				
	Executed inC	county. State of	the	day of	, 20	
	LACCUIGU III			(month)	(year)	
		Signature of authorized agent of (Declarant)	f contracti	ng business entity		
1	(Declarant)					

	CERTIFICATE OF INTERESTED PARTIES	i		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.			FICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of the of business.	e business entity's place	Certifica 2020-63	te Number: 0510	:
	Rod'z Lawn Care Landscaping McAllen, TX United States		Date File		
2	being filed.	act for which the form is	06/10/20		
	City of McAllen		Date Ack	(nowledged:	
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und	ate agency to track or identify ler the contract.	the contr	act, and prov	rîde a
	06-20-S44-81 Service Contract for the Trimming and Peeling of Tall Palm Trees				
4				Nature of	interest
7	Name of Interested Party City,	State, Country (place of busin	· -	(check ap	
				ontrolling	Intermediary
					···
-		<u> </u>			
			-		
		_			
					 :
5	Check only if there is NO Interested Party.	,	~		
6	UNSWORN DECLARATION			٠,	
	My name is <u>Guadalupe</u> Rodriguez	, and my date of	birth is	<u> 8/26/</u>	69.
	My address is 401 N 8th St (street)	McAllen 7	are)	78.501 (zip code)	USA.
	I declare under penalty of perjury that the foregoing is true and correction	-/h//			
	Executed in #10A160 County, State	of Toling, on the	O_day		دور رور ع
	RAQUEL REYNOSO	2/(/)	(month)	(year)
	My Notary ID # 5217302 Expires March 23, 2022 Sign	ature of authorized agent of con-	tracting his	siness entiry	
	Sign Sign	(Dedarant)		antees energ	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	of business			Certificate Number: 2020-630510		
	Rod'z Lawn Care Landscaping			ZUZU~	030310	
	McAllen, TX United States		_	Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which	the form is	06/10,	2020	
	City of McAllen		İ		cknowledged:	
				07/23		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to ded under the contra	track or identify	the co	ntract, and pro	vide a
	06-20-S44-81					
	Service Contract for the Trimming and Peeling of Tall Palm T	rees				
4				T	Nature of	finterest
4	Name of Interested Party	City, State, Country	(place of busine	ss)	(check ap	plicable)
_					Controlling	Intermediary
	4					
				-		
				-		
				_		
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			- 			
	· · · · · · · · · · · · · · · · · · ·			+		
	12.00			\neg		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
					è	
	My name is		and my date of bi	rth is _		,
	My address is					
	(street)	(city)	(stal	e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of	, on the	da	y of	_, 20
					(month)	(year)
		Cionatura ef authorit				
		Signature of authori:	red agent of contra (Declarant)	acung b	usiness entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
	Name of business entity filing form, and the city, state and of business. D&G Energy Corporation	country of the business entity's place		icate Number: -630971			
	McAllen, TX United States		Date				
	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is		L/2020 Acknowledged:			
	City of McAllen		Duto.				
_	Provide the identification number used by the government description of the services, goods, or other property to be 06-20-S45-80	al entity or state agency to track or identify provided under the contract.	the co	ontract, and prov	/ide a		
	Traffic Signal Loop Detector Replacement						
				Nature o	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	plicable)		
				Controlling	Intermediary		
					· · · · · · · · · · · · · · · · · · ·		
_							
				ļ			
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION				_		
	_{My name is} Maribel Garcia	, and my date of	f birth is	03/03/197	9		
Į			Χ	78502	USA		
l	My address is PO Box 4675 (street)		state)	(zip code)	(country)		
	(on ear)	,	•				
	I declare under penalty of perjury that the foregoing is true an	d correct.					
	Executed in Hidalgo	_County, State of Texas, on the	11th	day of <u>June</u> (month)	, 20 <u>20</u> . (year)		
	_	Mailed Garen					
	_	Signature of authorized agent of co (Declarant)	ntractir	ng business entity	·		

FORM **1295**

_					
_	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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		ficate Number:)-630971	
	D&G Energy Corporation		1		
	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	06/1	1/2020	
	being filed.		Date	Acknowledged:	
	City of McAllen			3/2020	
			1		
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 c	ontract, and prov	ride a
	06-20-S45-80 Traffic Signal Loop Detector Replacement				
	-			Nature of	interest
4		City State Country Inland of husin	ocel	(check ap	
	Name of Interested Party	City, State, Country (place of busin	(655)	Controlling	Intermediary
				Controlling	antermediary
_					<u> </u>
				-	
					,
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	f birth i	s	
	My address is				٠ و
	(street)		state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCoun	ty, State of, on the		_day of(month)	, 20 (year)
				(monin)	(year)
		Signature of authorized agent of co (Declarant)	ntracti	ng business entity	
1					

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: 2020-638949 of business. Roth Excavating Inc. Date Filed: Pharr, TX United States 07/01/2020 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen Provide the Identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 07-20-C24-517 17-1/2 St. & Booker T Waterline Improvements Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION _____, and my date of birth is July 29, 1981 My address is I declare under penalty of perjury that the foregoing is true and correct. ___County, State of

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.3a6aaf7d

authorized agent of contracting business entity

(Declarant)

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business. Roth Excavating Inc.	try of the business entity's place		ficate Number:)-638949		
	Pharr, TX United States		,,,,,,	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/0	1/2020		
	being filed. City of McAllen		Date	Acknowledged:	i	
	City of Michigh		08/0	4/2020		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided or 20-C24-517 17-1/2 St. & Booker T Waterline Improvements	ity or state agency to track or ident ded under the contract.	ify the c			
A				Nature of		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
_				Controlling	Intermediary	
				-		
_						
				 		
		<u> </u>				
				ļ i		
				1		
┞						
Г						
L						
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				1	
l	My name is	, and my date	of birth i	is		
İ	Hy Halle 15					
١	My address is	,			··	
Ì	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
1	Executed inCour	nty, State of, on t	he			
				(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** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-605916 Freese and Nichols, Inc. Fort Worth, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/08/2020 being filed. McAllen Public Utility Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. #03-20-\$30-532 Professional Engineering Services for Water, Wastewater and Reclaimed Water Master Plan Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Pence, Bob Fort Worth, TX United States Χ Cole, Scott Fort Worth, TX United States Х Coltharp, Brian Х Fort Worth, TX United States Greer, Alan Х Fort Worth, TX United States Johnson, Kevin Dallas, TX United States Х Milrany, Cindy Fort Worth, TX United States Х Nichols, Mike Х Fort Worth, TX United States Taylor, Jeff Houston, TX United States Х Wolfhope, John Austin, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Stephanie Stephenson _____, and my date of birth is <u>July 19,</u> 1977 My address is 4055 International Plaza, Suite 200 Fort Worth ŢΧ 76109 US (street) (city) (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 V1.1.3a6aaf7d

(month)

20 20

(vear)

Texas on the 8 day of April

Stephanic Stephanson
Signature of authorized agent of contracting business entity

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	ties.	OFFICE USE CERTIFICATION					
 Name of business entity filing form, and the city, state at of business. Freese and Nichols, Inc. Fort Worth, TX United States 	nd country of the business entity's place	Certificate Number: 2020-605916 Date Filed:					
Name of governmental entity or state agency that is a pa being filed.	rty to the contract for which the form is	04/08/2020					
McAllen Public Utility		Date Acknowledged: 08/05/2020					
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. #03-20-S30-532 Professional Engineering Services for Water, Wastewater and Reclaimed Water Master Plan							
4 Name of Interested Party	City, State, Country (place of busin	3	f interest oplicable) Intermediary				
Pence, Bob	Fort Worth, TX United States	X	diratitiedidi A				
Cole, Scott	Fort Worth, TX United States	×					
Coltharp, Brian	Fort Worth, TX United States	X					
Greer, Alan	Fort Worth, TX United States	×					
Johnson, Kevin	Dallas, TX United States	х					
Milrany, Cindy	Fort Worth, TX United States	Х					
Nichols, Mike	Fort Worth, TX United States	×	*****				
Taylor, Jeff	Houston, TX United States	X					
Wolfhape, John	Austin, TX United States	Х					
5 Check only if there is NO Interested Party.							
6 UNSWORN DECLARATION							
My name is	, and my date of	bidh is	 -				
My address is(street)		tate) (zip code)	(country)				
I declare under penalty of perjury that the foregoing is true a	I declare under penalty of perjury that the foregoing is true and correct.						
Executed in		day of(month)	, 20 (year)				
Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTE	D 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	parties.	OFFICE US CERTIFICATIO	
 Name of business entity filing form, and the city, stat of business. 	e and country of the business entity's place	Certificate Number: 2020-613654	
Melden & Hunt, Inc. Edinburg, TX United States		Date Filed: - 04/30/2020	
 Name of governmental entity or state agency that is a being filed. 	a party to the contract for which the form is	04/30/2020	
City of McAllen, Texas		Date Acknowledged	i:
3 Provide the identification number used by the govern description of the services, goods, or other property 11-18-S50-469 Professional Consulting Services	mental entity or state agency to track or identif to be provided under the contract.	y the contract, and pr	ovide a
4			of interest
Name of Interested Party	City, State, Country (place of busin	ness) (check a	ipplicable)
Booe, Allan	Edinburg, TX United States	X	anciniculary .
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Allan F. Booe	, and my date of	birth is <u>08/30/195</u>	7
My address is 115 W. McIntyre Street	, Edinburg	X . 78541	, USA
(street)		tate) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true	and correct.		
Executed in Hidalgo	County, State of <u>Texas</u> , on the	30th day of April (month)	20 <u>20</u> (year)
	an From		
	Signature of authorized agent of don (Declarant)	tracting business entity	
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us	Version	V1.1.3a6aaf7d

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. 2020-613654 Melden & Hunt, Inc. Edinburg, TX United States Date Filed: 04/30/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, Texas Date Acknowledged: 04/30/2020 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-S50-469 Professional Consulting Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Booe, Allan Edinburg, TX United States 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is _, and my date of birth is _ My address is ____ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in _ ____County, State of _____, on the ___ _day of _ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

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. 2018-429988 SDI Engineering, LLC Edinburg, TX United States Date Filed: 12/03/2018 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 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-S05-469 Professional Consulting Services for Following: Engineering, Geotechnical Materials Testing/Environmental Studies, SCADA Systems Integration & Maintenance and Surveying Services 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** _, and my date of birth is ___11-06-1973 Isael Posadas My name is My address is 5602 E lowa Rd Edinburg USA 78542 (state) (zip code) (street) (city) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of <u>Texas</u>, on the <u>3rd</u>day of <u>Dec</u> , 20<u>18</u>. Executed in Hidalgo (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place		tificate Number: .8-429988		
	SDI Engineering, LLC		[201	.0-423300		
	Edinburg, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	12/0	12/03/2018		
	being filed. City of McAllen		Date	e Acknowledged:		
	City of McAilen		07/2	24/2020		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	nmental entity or state agency to track or identify the contract, and provide a y to be provided under the contract.				
	11-18-S05-469					
	Professional Consulting Services for Following: Engineering, G Systems Integration & Maintenance and Surveying Services	eotechnical Materials Testing/E	nvironi			
4				Nature of		
•	Name of Interested Party	City, State, Country (place of bu	(check ap	Intermediary		
	<u> </u>			Controlling	interniediary	
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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		
ĺ	му наше із	, and my date	J. 2001		· · · · · · · · · · · · · · · · · · ·	
	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 ofon t	he	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of (Declarant)	contract	ing 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. 2020-649991 REIM Construction, Inc. Mission, TX United States Date Filed: 07/28/2020 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. 07-20-C28-410 2018 Bond - Group E Drainage Improvements (E1 NW Blueline Improvements) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling intermediary 5 Check only if there is NO interested Party. X 6 UNSWORN DECLARATION My name is Miguel A. Ramos 11/09/1967 and my date of birth is ____ My address is 2439 Carianna Ave. USA 78572 Mission (zip code) (country) I declare under penalty of perjuly that the foregoing is true and correct. Executed in Hidalgo on the 30th day of July Texas County, State of

Silfinature 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			
1	Name of business entity filing form, and the city, state and country	of the business entity's place	Certifi	icate Number:			
	of business.		2020-	649991			
	REIM Construction, Inc.		Date F	-ilast-			
^	Mission, TX United States	antique to a subject the forms to	07/28				
2	Name of governmental entity or state agency that is a party to the obeing filed.	contract for which the form is	Allen	72020			
	City of McAllen						
		08/12/2020					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ntract, and prov	ride a		
	07-20-C28-410						
	2018 Bond - Group E Drainage Improvements (E1 NW Blueline	Improvements)					
				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
				Controlling	Intermediary		
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		окикаон тура :					
	,			*			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of i	bìrth is .		·		
	· · · · · · · · · · · · · · · · · · ·						
	My address is				·		
	(street)	(city) (st	ale)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.	•					
	Executed inCounty,	State of, on the	d	ay of	, 2 0		
				(month)	(year)		
		Signature of authorized agent of con	traction	husiness entity			
	(Declarant)						

FORM **1295**

			•••				
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.	of the business entit	y's place		cate Number: 556000		
	Perez Consulting Engineers, LLC						
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 Fi 08/11/			
_	being filed.			D-4- 4	_1		
	City of McAllen			Date A	cknowledged:		
3	Provide the identification number used by the governmental entity	or state agency to tra	ack or identify	y the contract, and provide a			
	description of the services, goods, or other property to be provide Project NO. (03-19-S46-502)	d under the contract.					
	Professional Engineering Services for Design of Storm Drainag	je Improvements 201	.9 (Drainage L	Jtility F	ee Projects)		
		0.00			Nature of	interest	
4	Name of Interested Party	City, State, Country (lace of busine	ess)	(check ap		
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isJ. David Perez	, ε	ınd my date of b	oirth is_	04-22-19	<u>69</u> .	
	My address is808 Dallas Ave.	,McAllen	, <u>T</u> .	X,	78501	USA_	
	(street)	(city)	(sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Hidalgo County,	State ofTexas	, on the 1	1th _{da}	y of August	. 20 20 .	
					(month)	(year)	
		1-1					
		Signature of authorize	ed agent of cont Declarant)	racting i	business entity		
		,					

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		i	OFFICE USE		
	· · · · · · · · · · · · · · · · · · ·			RTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place		icate Number: -656000		
	Perez Consulting Engineers, LLC McAllen, TX United States	·	Date I	Eilad:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		L/2020		
_	being filed.	contract for which the form is		Acknowledged:		
	City of McAllen					
_	Provide the identification number used by the governmental entity	or state agency to track or identify	y the centract, and provide a			
3	description of the services, goods, or other property to be provide		tile co	mitaci, and prov	iue a	
	Project NO. (03-19-S46-502)					
	Professional Engineering Services for Design of Storm Drainag	ge Improvements 2019 (Drainage I	Jtility I	Fee Projects)		
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	e of business) (check applicable)			
				Controlling	Intermediary	
			·			
	,					
					•	
		· ·· ·		<u>.</u>		
5	Check only if there is NO Interested Party.				;	
6	UNSWORN DECLARATION		····			
	My name is	, and my date of	birth is	i	·	
	My address is(street)		, tate)	(zip code)	(country)	
	(-1.50)	(,/	/	/	(
	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)	tracting	g business entity		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-653061 Motorola Solutions, Inc. Houston, TX United States Date Filed: 08/04/2020 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. 07-20-P36-01 REPEATER RACK UPG Purchase or lease of Motorola Equipment, Software, Software Subscriptions, Maintenance, and/or Installation Services. HGAC CONTRACT #RA05-18 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 _____06-06-1966 My name is Juan Craig My address is 930 Serenade Dr. San Antonio Texas 78213 USA

Forms provided by Texas Ethics Commission

Executed in Bexar

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

www.ethics.state.tx.us

_County, State of Texas

(city)

(state)

Signature of authorized ligent of contracting business entity (Declarant)

(zip code)

(month)

Version V1.1.3a6aaf7d

(country)

(vear)

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place	Certificate Number: 2020-653061			
	Motorola Solutions, Inc.					
	Houston, TX United States		Date I			
2	Name of governmental entity or state agency that is a party to the being filed,	contract for which the form is	08/04/2020			
	City of McAllen		Date Acknowledged:			
	•	08/18	3/2020			
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and pr description of the services, goods, or other property to be provided under the contract.						
	07-20-P36-01 REPEATER RACK UPG					
	Purchase or lease of Motorola Equipment, Software, Software	Subscriptions, Maintenance, and/o	or Insta	allation Service:	s. HGAC	
	CONTRACT #RA05-18			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
		· · · · · · · · · · · · · · · · · · ·				
		-				
				<u> </u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			•		
	My name is	, and my date of	birth is		····································	
	My address is		, _ ate)	(zip code)		
	(street)	(city) (St	areì	(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 agent of con- (Declarant)	tracting	g 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** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-647016 The 5125 Company Edinburg, TX United States Date Filed: 07/21/2020 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. Construction services for the City of McAllen Uvalde Ave & 26 1/2 St Waterline Improvements Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Espericueta, Pat Edinburg, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** _, and my date of birth is 11/20/1963 Pat Espericueta My name is Edinburg **USA** 2523 West Rogers Road 78541 My address is (country) (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. on the 22nd day of July Texas 20 Hidalgo Executed in State of (vear) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

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. The 5125 Company Edinburg, TX United States Edinburg, TX United States FORM 1295 Certificate ONLY CERTIFICATION OF FILING Certificate Number: 2020-647016 Date Filed:

07/21/2020

08/20/2020

Date Acknowledged:

Nature of interest

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

07-20-C26**-**553

City of McAllen

Construction services for the City of McAllen Uvalde Ave & 26 1/2 St Waterline Improvements

2 Name of governmental entity or state agency that is a party to the contract for which the form is

Espericueta, Pat Edinburg, TX United States X	ntermediary
Espericueta, Pat Edinburg, TX United States X	
	. =
	•
5 Check only if there is NO Interested Party.	
6 UNSWORN DECLARATION	
My name is, and my date of birth is	
My address is	(country)
(allest) (allest) (allest)	(552.11.)
I declare under penalty of perjury that the foregoing is true and correct.	
Executed in County, State of, on theday of (month)	_, 20 (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. CERTIFICATI						
ţ	Name of business entity filing form, and the city, state and cou of business.	intry of the business entity's place	Cartificate Number: 2020-662557			
	KSA Engineers, Inc.					
2	Longview, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is		Date Filed: 08/31/2020		
_	being filed.	ale couract in Much tie intik is				
	City of McAllen, Texas	Date	Acknowledged:			
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov	ntity or state agency to track or identify vided under the contract.	the co	ontract, and pro	vide a	
	Project No. 08-20-565-01 Professional Services in connection with KSA Amendment 1	17 - Terminal Restroom Renovations				
4		City Case County (-lass of hundr		Nature of		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	intermediary	
Fo	rtner, Mitchell L.	Longview, TX United States		Х	114444114427443	
Hi	cks III, Walter F	Tyler, TX United States		х		
Pł	ipps, Craig	Sugar Land, TX United States		х		
Вι	ırns, Michael	Longview, TX United States		х		
Вι	ick, Lanny	Longview, TX United States		х		
Ау	rior, Christopher	Tyler, TX United States		х		
				_		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Craig H. P	hipps, and my date of	birth Is	1/2/1969	*	
	My address is 816 Park Two Drive		<u>X</u>	77478	, <u>USA</u> .	
	(steel)	(Gily) (s	iale)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr			·		
	Executed in Fort Bend Cou	nty, State of <u>Texas</u> , on the	31st c			
		ASP		(month)	(year)	
		Signature of Jathorized agent of con	tracting	g business entity		
		(Declarant)				

FORM 1295

					
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO			
 Name of business entity filing form, and the city, state and co of business. 	Certificate Number: 2020-662557				
KSA Engineers, Inc.					
Longview, TX United States Name of governmental entity or state agency that is a party to	o the contract for which the form is	Date Filed: 08/31/2020			
being filed.	and the second section of the second	Data Aaknawladad			
City of McAllen, Texas		Date Acknowledge 09/01/2020	u:		
3 Provide the identification number used by the governmental description of the services, goods, or other property to be pr	entity or state agency to track or identify ovided under the contract.	y the contract, and pr	ovide a		
Project No. 08-20-565-01 Professional Services in connection with KSA Amendmen	t 17 - Terminal Restroom Renovations	;			
4		l l	of interest		
Name of Interested Party	City, State, Country (place of busin	ness) (check Controlling	applicable) Intermediary		
Fortner, Mitchell L.	Longview, TX United States	X	i interinediary		
Hicks III, Walter F	Tyler, TX United States	X			
Phipps, Craig	Sugar Land, TX United States	×			
Burns, Michael	Longview, TX United States	X			
Buck, Lanny	Longview, TX United States	х			
Aylor, Christopher	Tyler, TX United States	X			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·				
My name is	, and my date of	birth is	,		
My address is(street)	(oity) (s	tate) (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and co	,		}		
		dev ef	00		
Executed inCo	ounty, State of, on the	day of (month			
**************************************	Signature of authorized agent of cor	itraction business ontit	·		
	Signature of authorized agent of cor (Declarant)	radomiñ nazwezz eudi	,		

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 2020-662719 of business. Casco Industries, Incorporated Date Filed: La Porte, TX United States 08/31/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Fire Department Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 07-20-P35-01 Loose Equipment for new aerial platform truck 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 My name is Disco Pane 2 , and my date of birth is 12-15-76 My address is 709 J 8th I declare under penalty of perjury that the foregoing is true and correct. Executed in Historia County, State of TEXS on the 3/57 day of August 2021 (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2020-662719 of business, Casco Industries, Incorporated Date Filed: La Porte, TX United States 08/31/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Fire Department 09/09/2020 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. Loose Equipment for new aerial platform truck 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. Х 6 UNSWORN DECLARATION _, and my date of birth is _ My name is My address is ____ (city) (zip code) (country) (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) 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 partie	s.	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: 2020-662173			
	Metro Fire Apparatus Specialists, I						
_	HOUSTON, TX United States	The state of the s		Filed: 8/2020			
2	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	00,2	0,2020			
	THE CITY OF MCALLEN	Date	Acknowledged:				
3	Provide the identification number used by the government description of the services, goods, or other property to be	al entity or state agency to track or ide provided under the contract.	entify the c	ontract, and prov	/ide a		
	Project No. 07-20-P35-01 PURCHASE OF LOOSE EQUIPMENT FOR NEW AER	IAL PLATFORM TRUCK					
4		0.5.0		Nature of			
	Name of Interested Party	City, State, Country (place of k	iusiness)	(check ap	plicable) Intermediary		
	IOSSI L ODATO	HOLISTON TV United Chair		X	memeriary		
Rl	JSSELL, CRAIG	HOUSTON, TX United State	÷S				
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_							
	and the state of t						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			<u> </u>			
	My name is MONICA INGRA	, and my da	te of birth is	10/03/1979	·		
	My address is <u>17350 SH 249 STE 250</u>	, HOUSTON	<u>TX</u>	77064	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and		•				
	Executed in HARRIS	County, State of TEXAS , or	the <u>28</u>	day of <u>AUGUS</u> (month)	ST, 20 <u>20</u> . (year)		
	N	MONICA INGRAM 🛚 🏗	ly signed by MCAXCA BAG = NCAXCA BAGEAU, g= AAE mgd=UUAGRAY/2548 AS C 0200828 12:0747 - 0500	itpo fore afparatus specialist, inc., c CXI, c=US	u=1*ETRO		
		Signature of authorized agent of (Declarant)	of contractin	g business entity			

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-662173 Metro Fire Apparatus Specialists, I Date Filed: HOUSTON, TX United States 08/28/2020 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 09/03/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 07-20-P35-01 PURCHASE OF LOOSE EQUIPMENT FOR NEW AERIAL PLATFORM TRUCK Nature of interest 4 (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х HOUSTON, TX United States RUSSELL, CRAIG 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) (street) I declare under penalty of perjury that the foregoing is true and correct. ______County, State of _____, on the ___day of _____ Executed in _____ (year) (month)

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.3a6aaf7d

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 c		Certificate Number:				
of business. Motorola Solutions, Inc.		2020-663592				
Houston, TX United States		Date Filed:				
2 Name of governmental entity or state agency that is a party	to the contract for which the form is	09/02/2020				
being filed. City of McAllen		Date Acknowledged:				
ORY OF MOMINION						
3 Provide the identification number used by the governmenta	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 p PROJECT NO. 07-20-P35-01	provided under the contract,					
PROJECT NO. 07-20-P35-01 Purchase or lease of Motorola Equipment, Software, Sof CONTRACT #RA05-18	ftware Subscriptions, Maintenance, and/c					
1	City Chats County (states the	Nature of interest (check applicable)				
Name of Interested Party	City, State, Country (place of busine	Controlling Intermediary				
		·				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION		00.00.4000				
My name is Juan C Craig	, and my date of	birth is 06-06-1966				
My address is 930 Serenade Dr.	San Antonio TX	X , 78213 USA (country)				
(street)	(city) (s	tate) (zip code) (country)				
I declare under penalty of perjury that the foregoing is true and	correct.					
Executed in Bexar	County, State of Texas , on the	2 day of Sep. , 20 20 .				
	County, State of Texas, on the					
_	Signature of authorized agent of cor (Declarant)	ntracting business entity				

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE RTIFICATION		
1	Name of business entity filing form, and the city, state and country of business.	y of the business ent	ity's place		ficate Number: 0-663592		
	Motorola Solutions, Inc.			2020	-003392		
	Houston, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which th	e form is	09/0	2/2020		
	being filed.				A . I		
	City of McAllen				Acknowledged: 3/2020		
	·						
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 to ed under the contract	rack or identify •	the c	ontract, and prov	ride a	
	PROJECT NO. 07-20-P35-01 Purchase or lease of Motorola Equipment, Software, Software	Subscriptions, Main	tenance, and/o	or Inst	tallation Service	s. HGAC	
	CONTRACT #RA05-18						
4		City State Country	(nloop of busine	2001	Nature of		
	Name of Interested Party	City, State, Country	(hisce oi nazine	53 5]	Controlling	Intermediary	
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5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
				المناسلات	_		
	My name is	· · · · · · · · · · · · · · · · · · ·	and my date of	oirth is	5		
l	My address is	/-it-A		tate)	(zip code)	(country)	
	(street)	(city)	(Si	aic)	(Zip code)	(coom)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
		01-1	W -		dove of	20	
	Executed inCounty	/, State of	, on the		day of(month)	, 20 (year)	
					(mean)	(year)	
l							
1		Signature of authori		tractin	ng business entity		
ĺ			(Declarant)				

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-662085 Municipal Emergency Services Inc. (MES) Houston, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 08/28/2020 being filed. City of McAlten Date Acknowledged: 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase of Loose Equipment for Aerial Platform Truck 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 Todd Morgan ______, and my date of birth is 07/03/1967 My address is 600 Century Plaza D. Sv. te C-160. Houston I declare under penalty of perjury that the foregoing is true and correct. Harris County, State of 7ex45, on the 28 day of Augus

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

Version V1.1.3a6aaf7d

FORM 1295

=						
	Complete 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		ificate Number:		
	of business. Municipal Emergency Services Inc. (MES)		2020	0-662085	:	
	Houston, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the obeing filed.	contract for which the form is	08/2	8/2020		
	City of McAllen			Date Acknowledged:		
	<u> </u>			3/2020		
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 identif	y the c	ontract, and prov	ide a	
	07-20-P35-01					
	Purchase of Loose Equipment for Aerial Platform Truck					
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap		
				Controlling	Intermediary	
				[
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f 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 inCounty,	State of, on the	9			
				(month)	(year)	
	· - ·	Signature of authorized agent of co	ntractin	g 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 filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-607321 PlainsCapital Bank Dallas, TX United States Date Filed: 04/14/2020 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 and McAllen Public Utility 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. 04-20-S29-39 Primary Depository Bank 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. X 6 UNSWORN DECLARATION Robert C. Norman and my date of birth is $\underline{-10/09/63}$ My name is US McAllen 7201 N 10th St. TX78504 My address is (state) (city) (streat) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. 20 20 Texas Hidalgo County, State of on the 14th day of Executed in _____

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Signature of authorized agent of contracting business entity (Declarahl)

Version V1.1.3a6aaf7d

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	-	CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: -607321	
	PlainsCapital Bank				
	Dallas, 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	U4/14	4/2020	
	City of McAllen and McAllen Public Utility			Acknowledged: 3/2020	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi-	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ide a
	Project No. 04-20-S29-39				
	Primary Depository Bank Services				
			1	Nature of	interact
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
		,,		Controlling	Intermediary
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_				.,	
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	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	ct.			
	Executed inCount	y, Stale of, on the	c	lay of	, 20
				(month)	(year)
		Signature of authorized agent of con (Declarant)	tracting	j business entity	

	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			
L	of business.						
	Pavement Restoration Inc Boerne, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen		Date	08/19/2020 Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided 09-20-C30-198 PAVEMENT PRESERVATION	y or state agency to track or identi ed under the contract.	fy the c	ontract, and prov	vide a		
4	Name of Interested Party	City, State, Country (place of bus	ness)	Nature of (check ap	plicable)		
				Controlling	Intermediary		
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_					<u> </u>		
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			,)			
	My name is KOBERT WIGGIND	, and my date of	of birth is	1/28/	1963		
	My address is	BOERNE (city)	(state)	78006 (zip code)	Country)		
	. I declare under penalty of perjury that the foregoing is true and correct			•			
	Executed inCounty	, State of TEXAS, on th	<u>, 14</u> ,	day of 14 USU/37 (month)	<u>r , 20 </u>		
		Signature of authorized agent of or (Declarant)	ontracting	g business entity			
F	orms provided by Texas Ethics Commission www.eth	ics.state.tx.us		Version	V1.1.3a6aaf7d		

www.ethics.state.tx.us

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FORM 1295

Com	plete Nos. 1 - 4 and 6 if there are interested parties. plete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE.	OFFICE USE	
	e of business entity filing form, and the city, state and count	try of the business entity's nlace	4	ficate Number:	OF FILING
	e of business entity filing form, and the city, state and could isiness.	try of the business entity a place)-659030	
	ement Restoration Inc rne, TX United States		Date	Filed:	ľ
	e of governmental entity or state agency that is a party to th	e contract for which the form is		9/2020	
being	g filed.		Date	Acknowledged:	
City	of McAllen			5/2020	
3 Prov	ide the identification number used by the governmental enti ription of the services, goods, or other property to be provic	ity or state agency to track or identified under the contract.	y the c	ontract, and prov	ide a
	20-C30-198 VEMENT PRESERVATION				
4			-	Nature of	
7	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable) Intermediary
				Controlling (intermediary
					_
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		<u> </u>			
5 Che	ck only if there is NO Interested Party.				
6 UNS	WORN DECLARATION				
Mvn	name is	, and my date o	f birth is	s	
, ,		•			<u> </u>
Муа	address is(street)	(city) (state)	(zip code)	(country)
	(street)	(Gity)	maid)	(zip code)	(commay)
	clare under penalty of perjury that the foregoing is true and correc				
Exe	cuted inCount	ty, State of, on the		day of(month)	, 20 (year)
				(monut)	(3041)
		Signature of authorized agent of co (Declarant)	ntractin	g business entity	<u></u>

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 co of business.	Certificate Number: 2020-647248			
	The Goodyear Tire & Rubber Company				
_	Akron, OH United States		Filed: 1/2020		
2	Name of governmental entity or state agency that is a party t being filed.	to the contract for which the form is			
	City of McAllen		Date	Acknowledged:	_
3	Provide the identification number used by the governmental description of the services, goods, or other property to be provided to the property to be provided to the provided	entity or state agency to track or ider rovided under the contract.	itify the c	ontract, and prov	ride a
	07-20-SP2D-62 tires				•
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap	
				Controlling	Intermediary
Bl	ackRock	Akron, OH United States		х	
				:	
	· · · · · · · · · · · · · · · · · · ·		-		
_					 -
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Richard Bevington	, and my dat	e of birth is	s 4-6-68	.
	My address is 200 Innovation Way	Akron		44316	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and c	correct.			
	Executed in Summit C	County, State of OH, on	the 21	day of July (month)	, 20 <u>20</u> . (year)
				(month)	Goary
	<u></u>		·	*****	
		Signature of authorized agent of (Declarant)	contractir	ng business entity	

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2020-647248				
	The Goodyear Tire & Rubber Company Akron, OH United States					
2	Name of governmental entity or state agency that is a party to the	Date Filed: 07/21/2020				
	being filed. City of McAllen		Date /	Acknowledged:		
	only of modular		09/28/2020			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		the co	ontract, and prov	ide a	
	07-20-SP2D-62 tires					
4	Name of Interested Party	City, State, Country (place of busine	۰۰۰۰)	Nature of		
	Name of interested Party	City, State, Country (place of busine	ESS)	(check ap	Intermediary	
Bla	ackRock	Akron, OH United States		Х		
					ı	
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 correct.					
	Executed inCounty,	State of, on the	c			
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity	,	
L		, ,				

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1.	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ficate Number: 0-668705	
	LFC Exhibits INC.		-0.20	. 000,00	
	Homosassa, FL United States		Date	Filed:	
~	Name of governmental entity or state agency that is a party to the	e contract for which the form is		7/2020	
2	being filed.	e contract for winch the form is			
	City of McAllen			Acknowledged: 5/2020	
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 identified under the contract.	y the c	ontract, and prov	ride a
	•				
	09-20-P38-01 Lanterns, Speciality lighting displays for Christmas Exhibit 202	20,Dinosaur Display for late Febua	ary/Ear	ly March.	
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
		,		Controlling	Intermediary
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5	Check only if there is NO Interested Party.				,
6	UNSWORN DECLARATION				
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l					
1	My address is	,,,,,,,	fals I · ·		
1	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
		n. 04-4\$		d	50
	Executed inCoun	ty, State of, on the	е	_day of (month)	
				(month)	(year)
		Signature of authorized agent of c	ontracti	ng business entity	
1		(2-2-2,2,311)			

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	natives		OFFICE USE	
Name of business entity filing form, and the city, state of business.		Certific	cate Number: 668705	
LFC Exhibits INC. Homosassa, FL United States		Date F		
Name of governmental entity or state agency that is a being filed.	party to the contract for which the form is	09/17/		
City of McAllen		Date A	cknowledged:	
Provide the identification number used by the govern description of the services, goods, or other property to 09-20-P38-01 Lanterns, Speciality lighting displays for Christmas	to be provided under the contract.		March.	
Name of Interested Party	City, State, Country (place of but	siness)	Nature of (check ap	
raine of Interested Party			Controlling	Intermediary
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	, and my dat	e of birth i	S	-
My address is(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is tr		47	Cost.	20
Executed in Citrus	County, State of Florida, or	the 17	_day of Sept.	
	michael dace	rsta		
	Signature of authorized agent (Declarant)		ing business ent	ity
	when othing state to the	Electronic Constitution	V -	00.1/1.1.000

Name of business entity filing form, and the city, state and country of the business entity's place of business. TireHub, LLC San Antonio, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	OFFICE U CERTIFICATIO Certificate Number 020-642980 ate Filed:	ON OF FILIN
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. TireHub, LLC San Antonio, TX United States 2. Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAilen 3. Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract. 07-20-SP20-62 Purchase and Delivery of Tires 3. Name of Interested Party City, State, Country (place of business) Cint, Michael Cameron, Chris Durwoody, GA United States Check only if there is NO interested Party. UNSWORN DECLARATION My name is Unsworn and my date of birth is My address is 5924 West Mechan St. Toyelly Miles (state) (city) (state)	CERTIFICATIO Certificate Number 020-642980	ON OF FILIN
1 Name of business entity filing form, and the city, state and country of the business entity's place of business. TireHub, LLC San Antonio, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen 3 Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract. 3 Purchase and Delivery of Tires 4 Name of Interested Party City, State, Country (place of business) Clint, Michael San Antonio, TX United States Cameron, Chris Durnwoody, GA United States Check only if there is NO interested Party. UNSWORN DECLARATION My name is Uric Spher Cameron And my date of birth is My address is 5924 West Methads 4. Fayellande AR (street) (city) (state)	Certificate Numbe 020-642980	
San Antonio, 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 description of the services, goods, or other property to be provided under the contract. 07-20-SP20-62 Purchase and Delivery of Tires 3 Name of Interested Party City, State, Country (place of business) Clint, Michael Cameron, Chris Durnwoody, GA United States Cameron, Chris Check only If there is NO interested Party. UNSWORN DECLARATION My name is Using American and my date of birth is my address is 5924 West March (street) (state)	ate Filed:	r:
being filed. City of McAllen Da Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract. O7-20-SP20-62 Purchase and Delivery of Tires Name of Interested Party City, State, Country (place of business) Clint, Michael San Antonio, TX United States Durnwoody, GA United States Cameron, Chris Durnwoody, GA United States Check only if there is NO interested Party. UNSWORN DECLARATION My name is Using August Markey And my date of birth is My address is 5924 West Markey (street) Agenty City, State, Country (place of business) City, State, Country (place of business) And August Markey City, State, Country (place of business) And August Markey And My date of birth is Tayelfy Mile Agency (state)	7/11/2020	
clescription of the services, goods, or other property to be provided under the contract. O7-20-SP20-62 Purchase and Delivery of Tires Clity, State, Country (place of business) Clint, Michael San Antonio, TX United States Durnwoody, GA United States Durnwoody, GA United States Check only if there is NO Interested Party. LINSWORN DECLARATION My name is United States My address is 5924 West Medium St. Toyelfulle AR. (alreal) (city) (city) (city) (state)	ate Acknowledge	d:
Clint, Michael San Antonio, TX United States Durnwoody, GA United States Durnwoody, GA United States Check only if there is NO Interested Party. UNSWORN DECLARATION My name is United States My address is 5924 UPS Heckium St. Toyelfulle, AR (state)	e contract, and pr	ovide a
Cameron, Chris Duriwoody, GA United States Check only if there is NO Interested Party. UNSWORN DECLARATION My name is Unic fopher Cameron , and my date of birth is My address is 5924 MeSt MeChan St. Toyelfulle, AR (state)	(check a	of interest opplicable)
Cameron, Chris Duriwoody, GA United States Check only if there is NO Interested Party. UNSWORN DECLARATION My name is Unic fopher Cameron , and my date of birth is My address is 5924 MeSt MeChan St. Toyelfulle, AR (state)	Controlling	Intermediar
Check only if there is NO interested Party. UNSWORN DECLARATION My name is		X
UNSWORN DECLARATION My name is	×	
Unsworn DECLARATION My name is		
Unsworn DECLARATION My name is		
Unsworn DECLARATION My name is		
Unsworn DECLARATION My name is		
My name is		
(street) (city) (state)	3/30 F	 -
I declare under penalty of perjury that the foregoing is true and correct.	72704 (zip code)	(country)
Executed in MSNing from county, State of, on the 22_da	lay of July	, 20 <u>70</u> .
- Chi Can		(5001)
Signature of authorized agent of contracting to (Declarant) ns provided by Texas Ethics Commission www.ethics.state.by is	business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1.	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2020-642980			
	TireHub, LLC					
	San Antonio, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	07/11	1/2020	1	
	being filed.		Data	A almoudadaadı		
	City of McAllen			Acknowledged: 9/2020		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to track or identificed under the contract.	the co	ontract, and prov	ride a	
	07-20-SP20-62 Purchase and Delivery of Tires					
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
	•			Controlling	Intermediary	
CI	int, Michael	San Antonio, TX United States			Х	
C	ameron, Chris	Dunwoody, GA United States		Х		
			-			
			<u> </u>			
H						
5	Check only if there is NO Interested Party.			.1.	L	
6	UNSWORN DECLARATION	-		<u>_</u>		
	My name is	, and my date o	of birth i	is		
	My address is			<i></i>	_,	
١	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed inCour	nty, State of, on th	e	_day of(month)	, 20) (year)	
		Signature of authorized agent of c (Declarant)	ontracti	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 Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2020-643078 T&W Tire Pharr, TX United States Date Filed: 07/13/2020 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. 07-20-SP20-62 Purchase and delivery of tires Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Intermediary Controlling 5 Check only if there is NO Interested Party. Х 6 UNSWORN DECLARATION Rodolfo Rodol guez and my date of birth is 1-1-I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidolas _County, State of Texa 5

Signature of authorized agent of contracting business entity

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	4	ficate Number: 0-643078	:
	T&W Tire				
	Pharr, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/1	3/2020	
_	being filed.				
	City of McAllen			Acknowledged: 9/2020	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ty or state agency to track or ident led under the contract.	ify the c	ontract, and prov	ide a
	07-20-SP20-62				
	Purchase and delivery of tires				
	Taronass and derivery of these				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	plicable)
				Controlling	Intermediary
			***		· <u>-</u> .
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l					-
F					
_	<u> </u>	<u> </u>			
┞		1			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				 .
	My name is	, and my date	of birth i	s	·
	My address is(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCoun	ty State of on t	he	day of	. 20 .
1	Executed in Coun	ty, Gtate of, on t	110	_day or (month)	
				,,	v /
		Signature of authorized agent of	contracti	ng business entity	
1		(Declarant)		-	

	CERTIFICATE OF INTERESTED PART	ries .		FORM	u 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.		L	OFFICE USE RTIFICATION		
	Name of business entity filing form, and the city, state and count of business.	ay of the business entity's place		Certificate Number: 2020-647705		
	Southern Tire Mart, LLC COLUMBIA, MS United States			Date Filed;		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	07/22	2/2020	1	
	City of McAllen			Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identified under the contract.	y the co	ontract, and prov	ide a	
	07-20-SP20-62 The Purchase & Delivery of Tires					
4		City, State, Country (place of busin		Nature of (check ap		
	Name of Interested Party	City, State, Country (piece or busin	less,	Controlling	Intermediary	
Dı	uff, Thomas	Columbia, MS United States		х		
D	uff, James	Columbia, MS United States		х		
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_					<u> </u>	
L						
_						
-				<u> </u>		
5	Check only If there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Richard Conwill	, and my date o	of birth i	9/10/1950	·	
	My address is 800 Highway 98		MS	39429	, <u>USA</u> .	
	(str oet)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	act.				
ļ	Executed in Marion Coun	nty, State of Mississippi , on th	e 22nd	day of July	20 20	
	, <i>Œ</i>	RBE	>	(month)) (year)	
	^	Signature of authorized agent of co	ontraction	ng business entity	i	

FORM **1295**

Complete 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 count of business. Southern Tire Mart, LLC COLUMBIA, MS United States Name of governmental entity or state agency that is a party to the being filed. City of McAllen		tity's place	CER Certifi 2020-	OFFICE USE TIFICATION icate Number: -647705	
of business. Southern Tire Mart, LLC COLUMBIA, MS United States Name of governmental entity or state agency that is a party to th being filed.		tity's place	2020-		
COLUMBIA, MS United States Name of governmental entity or state agency that is a party to th being filed.	e contract for which t			047100	
Name of governmental entity or state agency that is a party to th being filed.	e contract for which t				
peing filed.	e contract for which t		Date F	Filed:	
-		he form is	07/22	/2020	
City of McAllen					
				_	
description of the services, goods, or other property to be provide			tne co	ntract, and pro	vide a
The Purchase & Delivery of Tires					
	<u>.</u>		- 1	Nature o	f interest
Name of Interested Party	City, State, Country	(place of busine	ess)		
	,,, +,	(6.2.2.0.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	·		Intermediary
f, Thomas	Columbia, MS Un	ited States		X	micrinealary
·					
f, James	Columbia, MS Un	ited States		X	
					
·					
<u>- · </u>					
					'
Check only if there is NO Interested Party.	<u> </u>		,		
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 corre	ct.				
Executed in Coun	tv. State of	on the	A	lay of	20
ZAGOGGG III GOOGG	<u> </u>	, on ale		(month)	, 20 (year)
	Signature of author		tracting	g business entity	
	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided of the Services. The Purchase & Delivery of Tires Name of Interested Party If, Thomas If, James Check only if there is NO Interested Party. UNSWORN DECLARATION My name is	Provide the identification number used by the governmental entity or state agency to 27-20-SP20-62 The Purchase & Delivery of Tires Name of Interested Party City, State, Country	Check only if there is NO Interested Party. County, State of	O9/29 Provide the identification number used by the governmental entity or state agency to track or identify the colescription of the services, goods, or other property to be provided under the contract. Prepared and the provided under the contract. City, State, Country (place of business)	O9/29/2020 O9/

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	ume of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2020-646461					
	Beasley Tire Service - Houston, Inc				2020 010102				
	Houston, TX United States	Date Filed:							
	ame of governmental entity or state agency that is a party to the contract for which the form is			07/20/2020					
	being filed. City of McAllen		Date	Acknowledged:					
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.								
	07-20-SP20-62								
	Tire sales and services.								
				Nature o	f interest				
4	Name of Interested Party City, State, Country (place of busi		ness)		eck applicable)				
				Controlling	Intermediary				
Ве	asley, Robert	Houston, TX United States		×					
				<u>-</u> -					
				<u></u>					
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L				<u> </u>	<u> </u>				
ļ									
-									
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is ROBERT BEHSLEY	, and my date of	of birth i	s 06/27/1	955				
	My address is 2206 BENSVIEW T2L (street)	KINGWOOD	TX_	77339					
	(street)	(city)	(state)	(zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct			t					
	Executed in Harris County	State of Texas on the	e <u>2(</u>	day of <u>July</u> (month) 20 3 0 (year)				
	Stacey Lynn Mitchell	AS LANT-							
	Notary ID #12462469-2 My Commission Expires July 21, 2023	Signature of authorized agent of co (Declarant)	ontracti	ng business entit	<i>y</i>				
F	orms www.eth	ics.state.tx.us		Versio	n V1.1.3a6aaf				

FORM 1295

	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING					
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2020-646461					
	Beasley Tire Service - Houston, Inc		2020 040401						
	Houston, TX United States		Date Filed:						
2	Name of governmental entity or state agency that is a party to the being filed.	07/2	07/20/2020						
	City of McAllen			Date Acknowledged:					
	, , , , , , , , , , , , , , , , , , ,			09/29/2020					
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.								
	07-20-SP20-62 Tire sales and services.								
7				Nature of interest					
4	Name of Interested Party	City, State, Country (place of busine							
				Controlling	Intermediary				
Beasley, Robert		Houston, TX United States		X					
		-							
					_				
	· ·								
			·						
5	Check only if there is NO Interested Party.	I	•						
6	UNSWORN DECLARATION			· · - · · · · · · · · · · · · · · · · ·	. <u>.</u>				
	y 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 inCoun		ty, State of, on	une	_day of (month)					
	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. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2020-646790 of business. American Tire Distributors Date Filed: Fort Worth, TX United States 07/21/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 07-20-SP20-62 Purchase and Delivery of Tires Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Fort Worth, TX United States Webster, Roger 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** , and my date of birth is $April\ 15,\ 1953$ My name is Roger Webster Fort Worth TX76106 My address is _ 350 Railhead Road (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. , on the <u>21</u> day of <u>July</u> 20 20 County, State of <u>Texas</u> Tarrant (month) (year) Sharry McGee My Commission Expires

Forms provided by Texas Ethics Commission

/24/2022

www.ethics.state.tx.us

ignature of authorized agent of contracting business entity

Version V1.1.3a6aaf7d

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. 2020-646790 American Tire Distributors Date Filed: Fort Worth, TX United States 07/21/2020 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 09/29/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 07-20-SP20-62 Purchase and Delivery of Tires Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Χ Fort Worth, TX United States Webster, Roger 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) (zip code) (country) (state) (street) 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