	CERTIFICATE OF INTERESTED PAR	IIES		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	
1	Name of business entity filling form, and the city, state and count of business.	try of the business entity's p		tificate Number: 4-1109844	
	Wastequip Manufacturing Company LLC				
2	Statesville, NC United States Name of governmental entity or state agency that is a party to th	e contract for which the form	04.6	e Filed: 09/2024	
	being filed.			a A aknowladgadı	
	City of McAllen		Date	e Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 1-24-P-82-01 DUMPS Waste Handling Equipment		r identify the o	contract, and prov	vide a
4				Nature of	
	Name of Interested Party	City, State, Country (place	of business)	(check ap	pplicable) Intermediary
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Laura P Hubbard	, and m	y date of birth i	o4/13/1972	2
	My address is 841 Meacham Road	Statesville	NC_	28677	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Iredell County	y, State of NC	_, on the <u>9</u>		
	DocuSign	ned by:		(month)	(year)
	· · · · · · · · · · · · · · · · · · ·	Hubbard			
	834FF56	^{7BB} ®i% Pature of authorized ago (Decla		ng business entity	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1109844			
	Wastequip Manufacturing Company LLC		202	24-1109844		
	Statesville, NC United States		Date	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/0	09/2024		
	being filed. City of McAllen		Date	e Acknowledged:		
	City of McAilett			09/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ntify the	contract, and prov	vide a	
	PROJECT NO. 1-24-P-82-01 DUMPS					
	Waste Handling Equipment					
				Nature of	fintorost	
4	Name of Interested Party	City, State, Country (place of b	usiness)			
	y			Controlling	Intermediary	
		L				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my dat	e of birth	is		
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed inCounty	y, State of . on	the	day of	, 20 .	
		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(month)	(year)	
		Signature of authorized agent of (Declarant)	contracti	ng business entity		

FORM **1295**

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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	Cert	tificate Number:	OI TILINO
	Randall Reed's Planet Ford 635	202	4-1112441		
	GARLAND, TX United States	Date	e Filed:		
2	, , ,	ne contract for which the form is	01/1	16/2024	
	being filed. City of McAllen	Date	e Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		entify the o	contract, and pro	vide a
	PROJECT NO. 11-23-P20-133 PURCHASE OF THIRTY-THREE (33) NEW CURRENT MO				
4	Name of Interested Party	City, State, Country (place of l	husiness)		f interest
	Name of interested Party	City, State, Country (place of i	Jusiliess)	Controlling	Intermediary
Si	arac, Admir	GARLAND, TX United State	es		Х
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Admir Sarac	, and my da	ate of birth i	is 03/17/196	1
	My address is 3601 S Shiloh Rd	Garland		, 75041	,_USA_
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre				
	Executed inCount	ty, State of Texas , or	n the <u>10th</u>	_day of _ Januar (month)	y, 20 <u>24</u> . (year)
		11 ~			
		Admir Sarac	of oontro	ag huginaga anti-	
		Signature of authorized agent (Declarant)	o contractif	ig business entity	

FORM **1295**

L					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1112441			
	Randall Reed's Planet Ford 635		202	4-1112441		
	GARLAND, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/2	16/2024		
	being filed.					
	City of McAllen		e Acknowledged: 16/2024			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ify the	contract, and prov	vide a		
	PROJECT NO. 11-23-P20-133 PURCHASE OF THIRTY-THREE (33) NEW CURRENT MOD	DEL VEHICLES				
7	1			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	applicable)	
				Controlling	Intermediary	
Sa	arac, Admir	GARLAND, 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					
	My address is(street)	,,,,	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on th	e	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ontractir	ng business entity		

CERTIFICATE OF INTERESTED PARTIES				FORI	м 1295 1 of 1
F	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business. SILSBEE FORD SILSBEE TY United States	try of the business entity's place	2024	ficate Number: -1113386 Filed:	
2	01/2				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 11-23-P20-133 PURCHASE OF 33 NEW CURRENT MODEL VEHICLES	ity or state agency to track or identify ded under the contract.	the co		
4		Site State Security (also a 4 busin	>	Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary
D	ONALSON, DREW	SILSBEE, TX United States		X	
_		Th.			
_					
		_=			
_					
5	Check only if there is NO Interested Party.				
6	My name is A. Slen Angella My address is 1211 U.S. Huggella	and my date of	birth is	3/2U	158
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct. Executed in				
		Signature of authorized agent of con (Declarant)	tracting	business entity	

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		icate Number: -1113386			
	SILSBEE FORD		_	en. a		
_	SILSBEE, TX United States	o contract for which the ferme!	Date I	Filed: 3/2024		
_	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	101/10	<i>3,</i> 2027		
	CITY OF MCALLEN			Acknowledged: 8/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the co	ontract, and prov	ride a	
	PROJECT NO. 11-23-P20-133 PURCHASE OF 33 NEW CURRENT MODEL VEHICLES					
4				Nature of	interest	
•	Name of Interested Party	City, State, Country (place of busin	ness)		applicable)	
				Controlling	Intermediary	
DO	ONALSON, DREW	SILSBEE, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			<u> </u>		
	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					
	Executed inCounty	y, State of, on the	d	lay of(month)	, 20 (year)	
		Signature of authorized agent of cor (Declarant)	ntracting	business entity		

CERTIFICATE OF INTERESTED PARTIES **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1006208 Sechrist-Hall Company Date Filed: Harlingen, TX United States 04/12/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-23-C25-446 Roofing Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Х Harlingen, TX United States McBride, Bill

Check only if there is NO Interested Party.				
UNSWORN DECLARATION		-		
My name is J. Carlos Coronado	, an	nd my date of birth is	10/09/197	1
My address is P O Box 2347	Harlingen	, <u>TX</u> _,	78551	,_USA
(street)	(city)	(state)	(zip code)	(country)
1 declare under penalty of perjury that the foregoing	ig is true and correct.			
Executed in Cameron	County, State of	, on the1 <u>3th</u> c	-	, 20 <u>23</u>
	\wedge \wedge \wedge	^	(month)	(year)

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business. Sechrist-Hall Company Harlingen, TX United States	Cert 202	Certificate Number: 2023-1006208 Date Filed:		
2		Date	04/12/2023 Date Acknowledged: 01/23/2024		
3	Provide the identification number used by the governmental entitidescription of the services, goods, or other property to be provided 02-23-C25-446 Roofing		tify the o	contract, and prov	vide a
4	Name of Interested Party	City, State, Country (place of bu	siness)	Nature of (check ap	
М	cBride, Bill	Harlingen, TX United States		Х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth	is	·
	My address is(street)	,, city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	v, State of, on the	ne	_day of(month)	, 20 (year)
				, , , , , ,	3 7
		Signature of authorized agent of (Declarant)	contracti	ng business entity	

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1115182				
	B2Z Engineering, LLC		2024	1-1115182		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/23	3/2024		
	being filed.			Acknowledged:		
	City of McAllen 01					
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.				vide a	
	PROJECT NO. 01-24-S13-01 CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WID	DENING FROM 2ND STREET TO J	ACKS	SON AVE (FM 2	061)	
				Nature of		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
	-			Controlling	Intermediary	
G	onzalez, Aisha	Mission , TX United States		х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3	·	
	My address is					
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	y, State of, on the	c	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

							1 0f 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					FICE USE	ONLY OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2024-1115182		
	B2Z Engineering, LLC Mission, TX United States					d•		
2	Name of governmental entity or state agency that is a party to the	ne contract f	or which the forr		Date Filed 01/23/20:			
being filed. City of McAllen				ı	Date Ackı	nowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			r identify t	ne contra	act, and prov	vide a	
	PROJECT NO. 01-24-S13-01 CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIL	DENING FF	ROM 2ND STRE	ET TO JA	CKSON	AVE (FM 2	061)	
4	Name of Interested Party	City State	o Country (place	of husines		Nature of		
	Name of Interested Party	City, State	e, Country (place	or busines		(check ap	Intermediary	
G	onzalez, Aisha	Mission	, TX United Stat	tes	Х			
5	Check only if there is NO Interested Party.				·			
6	UNSWORN DECLARATION							
	My name is Aisha Gonzalez		, and m	y date of bi	rth is	01/23/1	979	
	My address is 900 S. Stewart Road, Suite 4 (street)	,	Mission (city)	,,(stat		8572 (zip code)	, USA (country)	
	` ,	-4	(oity)	(Stat	<i>5</i>)	(Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		Toyoo	0.0	N al	1		
	Executed in Hidalgo Count	ty, State of _	Texas	_, on the 4	<u>Mu</u> day o	of January (month)	/, 20_ <mark>24</mark> (year)	
	_		sola C) Longo		>		
		Signature	e of authorized age		acting bus	iness entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING Certificate Number:			
1	Name of business entity filing form, and the city, state and count of business.	entity filing form, and the city, state and country of the business entity's place					
	SHI Government Solutions, Inc.			24-1115046			
	Austin, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form i	s 01/	/23/2024			
	City of McAllen						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		dentify the	contract, and prov	/ide a		
	PROJECT NO. 1-24-P87-01						
	Multi- Factor Authentication Technology						
4				Nature of	interest		
_	Name of Interested Party	City, State, Country (place of	business)	<u> </u>			
				Controlling	Intermediary		
				-			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my o	date of birth	is	·		
	My address is						
	(street)	(city)	, (state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	v. State of	on the	day of	, 20 .		
				(month)			
		Signature of authorized agent (Declaran		ing business entity	<u> </u>		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are into Complete Nos. 1, 2, 3, 5, and 6 if there are				CE	OFFICE USI		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.					ficate Number: 1-1115046		
	SHI Government Solutions, Inc.				2022	-1113040		
	Austin, TX United States				04/0	Filed:		
2	Name of governmental entity or state a being filed.	agency that is a party to	the contract f	or which the form	is 01/2	3/2024		
	City of McAllen						:	
3	Provide the identification number used description of the services, goods, or				identify the c	ontract, and pro	vide a	
	PROJECT NO. 1-24-P87-01 Multi- Factor Authentication Technol	ogy						
4							of interest	
•	Name of Interested F	Party	City, State	e, Country (place	of business)	` '	eck applicable)	
						Controlling	Intermediary	
5	Check only if there is NO Interested Pa	arty.						
6	UNSWORN DECLARATION							
	My name isNatley Ravipati			, and my	date of birth is	01/24/198	35	
	My address is 3828 Pecana Tra	nil	,	Austin	, TX	78749	_,US	
	(stre	eet)		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the	foregoing is true and cor	rect.					
	Executed in Travis	Cou	unty, State of _	TX	, on the $23 \mathrm{rd}$	day of Januar	ry , 20 <u>24</u> . (year)	
				TX Natley	Ravipar	ti	(your)	
			Signature	of authorized age Declara		g business entity		

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	_		
1	Name of business entity filing form, and the city, state and count	ry of the husiness entity's place		tificate Number:	OF FILING		
_	of business.	is of the business entity's place		24-1115391			
	MCCi, LLC						
	Tallahassee, FL United States			e Filed: 24/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/	24/2024			
	City of McAllen Date						
			01/24/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the	contract, and prov	vide a		
	PROJECT NO. 1-24-S14-01						
	PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTE	ENANCE RENEWAL					
1				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of b	usiness)				
				Controlling	Intermediary		
CI	PC MCCi Holding, LLC,	Tallahassee, FL United State	es	X			
_							
				+			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth	is			
	•						
	My address is	,		.,	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contracti	ng business entity			

FORM **1295**

							1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USI	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1115391		
	MCCi, LLC				2024	-1115391	
	Tallahassee, FL United States				Date	Filed:	
2	Name of governmental entity or state agency that is a party	to the	contract for which the form	is	01/24	1/2024	
	being filed.				Data	Acknowledged:	
	City of McAllen				Date !	Ackilowieugeu.	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p			identify	the co	ontract, and pro	vide a
	PROJECT NO. 1-24-S14-01						
	PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MA	INTE	NANCE RENEWAL				
						Nature o	of interest
4	Name of Interested Party		City, State, Country (place	of busine	ess)		pplicable)
						Controlling	Intermediary
CI	PC MCCi Holding, LLC,		Tallahassee, FL United S	States		X	
5	Check only if there is NO Interested Party.	I					
6	UNSWORN DECLARATION						
	My name isEmery Jones		, and my	/ date of b	oirth is	August 2, 19	975
	My address is 316 Bethany Curve		Santa Cruz	CA	\ ,	95060	USA
	(street)		(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.					
	Executed in Santa Cruz	ounty,	State of Californina	, on the _	24 _c	_{lay of} Januar	y_, ₂₀ 24
						(month)	(year)
			E-SIGNED by on 2024-01-24				
			Signature of authorized age	nt of cont			
			(Deciais	arit <i>j</i>			

FORM **1295**

\vdash						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1117042			
	Kubota Membrane USA		202	+-1111042		
	Bothell, WA 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	29/2024		
	being filed. City of McAllen, TX	Dat				
				29/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		fy the c	ontract, and prov	∕ide a	
	1-24-P86-01 PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CART	FRIDGES				
4	1			Nature of		
•	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap		
\vdash				Controlling	Intermediary	
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	s		
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
			_	Ja., af	20	
	Executed inCounty	/, State of, on the	e	day of(month)	, 20 (year)	
		Signature of authorized agent of co	ontractin	ng business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	rties.				OFFICE USI	
1	Name of business entity filing form, and the city, state ar		ry of the business entity's	place	Certificate Number:		
	of business. Kubota Membrane USA				2024	-1117042	
	Bothell, WA United States				Date	Filed:	
2	Name of governmental entity or state agency that is a pa	arty to the	contract for which the for	rm is	01/29	9/2024	
	being filed. City of McAllen, TX				Date	Acknowledged:	!
	City of Michieff, 17						
3	Provide the identification number used by the governme description of the services, goods, or other property to be			or identify	the co	ontract, and pro	vide a
	1-24-P86-01						
	PURCHASE OF TWELVE (12) 50 PIECE MEMBRAN	IE CART	RIDGES				
4						Nature o	f interest
-	Name of Interested Party		City, State, Country (plac	e of busin	ess)		pplicable)
						Controlling	Intermediary
5	Check only if there is NO Interested Party. $\hfill \hfill \hfil$						
6	UNSWORN DECLARATION						
	My name is <u>Brian Codianne</u>		, and I	my date of	birth is	04/26/196	67
	My address is 17006 Blue Canyon CV		, Leander	, _ T	Χ	78641	USA .
	(street)		(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true ar	nd correct	i.				
	Executed in Travis	County	, State of TX	on the	29 .	lay of Janua	rv 20 24
	LACOULOU III	County	, otate of	, טוו נוופ _		(month)	(year)
		ير	Brian Codiann	<i>.a.</i>			
	-		Signature of authorized a	gent of con	racting	business entity	
			(Decl	arant)			

FORM **1295**

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1117408			
	TYMCO, Inc.		2027	+-III <i>14</i> 00	
	Waco, TX United States		Date	Filed:	
2		e contract for which the form is	01/2	9/2024	
	being filed.		Date	Acknowledged:	
	City of McAllen, TX			9/2024	
3	Provide the identification number used by the governmental enti-				/ide a
	description of the services, goods, or other property to be provided by the services and the services are services.	ded under the contract.			
	Project No. 01-24-P85-1 Sweeper One (1) TYMCO Model 600 Regenerative Air Sweep	inar			
4	ı			Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	,
<u> </u>		<u> </u>		Controlling	Intermediary
<u> </u>					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	f birth is	S	
	,				
	My address is	,,	,	·	,
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	ty, State of, on the	(day of	, 20
				(month)	(year)
		Signature of authorized agent of con	ntractin	g business entity	

FORM 1295

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	The second control of the second
1	Name of business entity filing form, and the city, state and countr of business.		Certificate Number: 2024-1117408		
	TYMCO, Inc.				
	Waco, TX United States			Filed: 9/2024	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/28	012024	
	City of McAllen, TX		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and prov	ride a
	Project No. 01-24-P85-1				
	Sweeper One (1) TYMCO Model 600 Regenerative Air Sweep	per			
	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.				
6	UNSWORN DECLARATION				
	Kenneth J. Young My name is	, and my date of	birth is	3/25/52	•
	My address is(street)	,,,,	TX,	76710	. USA .
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in McLennan County	, State of, on the	<u>29th</u>	day of January (month)	/_, 20 <u>24</u> . (year)
		KonnottJU	n		odaci Silvidi
		Signature of authorized agent of con-	tracting	usiness entity	
		(Deglarant)		/	

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.	CE	OFFICE US			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Municipal Emergency Services, Inc. Sandy Hook, CT United States	ificate Number: 4-1117208 : 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		01/29/2024 Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or ide description of the services, goods, or other property to be provided under the contract. 01-24-P84-01 PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONAL PROTECTIVE EQUIPMENT					
4	Name of Interested Party City, State, Country (place of b		Nature o	f interest		
			Controlling	Intermediary		
				:		
						
				- we amount		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date	e of birth is	5/16/1970	-		
	My address is	СТ	06482	USA		
	(street) (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Fairfield County, State of Connecticut, on the County of County, State of Connecticut, on the County of County, State of Connecticut, on the County of County, State	the <u>29</u> c		, 20 <u>24</u>		
	Clare Ferrandino Notary Public, State of Connecticut My Commission Expires 06/30/2027 My Commission Expires 06/30/2027 My Commission Expires 06/30/2027		(month)	(year)		
X	My Commission Expires 06/30/2027 Ward Petric (Jan 29, 2024 14:12 EST) Ward Petric (Jan 29, 2024 14:12 EST) Signature of authorized agent of (Declarant)	contracting	g business entity	<u> </u>		
_	ms provided by Tayas Ethics Commission Syn Olisi ather atoms to us					

Commission Exp. Office ethics.state.tx.us

NO: 018669

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1117208			
	Municipal Emergency Services, Inc.		2022	+-1117200		
	Sandy Hook, CT United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is		9/2024		
_	being filed.	e contract for which the form is				
	City of McAllen			Acknowledged: 9/2024		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		fy the c	ontract, and prov	vide a	
	01-24-P84-01					
	PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONA	AL PROTECTIVE EQUIPMENT (COATS	& PANTS)- BU	YBOARD	
4	·			Nature of	f interest	
•	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	3		
	My address is	,,,	,		.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of . on the	Э	day of	, 20 .	
		,		(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE (CERTIFICATION C			
Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2024-1117590			
Short Elliott Hendrickson, Inc.					
St. Paul, MN United States 2 Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 01/29/2024			
being filed.	e contract for which the form is				
CITY OF MCALLEN		Date Acknowledged:			
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identify	the contract, and provide	de a		
PROJECT NO. 08-23-S63-124	ded under the contract.				
TERMINAL CAPACITY STUDY					
		Notion of:			
4 Name of Interested Party	City, State, Country (place of busine	Nature of i			
	City, Claire, Country (place of Euroni	, <u> </u>	Intermediary		
Ott, David	St. Paul, MN United States	Х			
Sannes, Scott	Duluth, MN United States	Х			
Bolf, Matt	Duluth, MN United States	X			
Jenniges, Randy	St. Cloud, MN United States	X			
Sprague, Jason	St. Paul, MN United States	X			
Sanford, Randy	St. Paul, MN United States	Х			
Wells, Paul	Denver, CO United States	X			
Schultes, Kristin	St. Paul, MN United States	X			
Wadhwa, Hemant	St. Paul, MN United States	Х			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
Shawn McMahon My name is	, and my date of	1/21/197 birth is	'8 		
1158 Silverwood Bay My address is	, Woodbury M	N 55125			
(street)	(city) (st	tate) (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct	T				
. , , , , ,		an Jan	2.4		
Executed inCount	y, State of, on the _	day of	_, 20 <u>4</u>		
		(month)	(year)		
	Signature of authorized agent of conf	tracting business entity			
	(Declarant)				

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business. Short Elliott Hendrickson, Inc. St. Paul, MN United States	Certificate Number: 2024-1117590 Date Filed:				
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	01/2	29/2024		
	CITY OF MCALLEN			e Acknowledged: 30/2024		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	contract, and prov	ride a			
	PROJECT NO. 08-23-S63-124 TERMINAL CAPACITY STUDY	aeu under the contract.				
4	Name of Internated Parts	City State County (place of bus	:>	Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	Intermediary	
Ot	t, David	St. Paul, MN United States		×		
Sa	nnes, Scott	Duluth, MN United States		Х		
Вс	olf, Matt	Duluth, MN United States		X		
Je	nniges, Randy	St. Cloud, MN United States		X		
Sp	orague, Jason	St. Paul, MN United States		X		
Sa	inford, Randy	St. Paul, MN United States		X		
W	ells, Paul	Denver, CO United States		Х		
Sc	hultes, Kristin	St. Paul, MN United States		Х		
W	adhwa, Hemant	St. Paul, MN United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth i	is	·	
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCount	y, State of , on th	Э	day of	, 20 .	
				(month)		
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1124701			
	GALINDO AUCTIONSLLC		2027	F-1124701		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/1	5/2024		
	being filed.			* - !! - dec d.		
	City of McAllen			Acknowledged: 6/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the co	ontract, and prov	/ide a	
	09-23-S10-54					
	PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PR	ROFESSIONAL AUCTIONEERING	3 SER	VICES		
4				Nature of		
-	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
L				Controlling	Intermediary	
5	Check only if there is NO Interested Party. $\overline{\hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm}}$					
6	UNSWORN DECLARATION					
	My name is	, and my date of	f birth is	3		
	My address is		,		.,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	y, State of, on the	(day of		
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	ntracting	g business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FFICE USE	
1	Name of business entity filing form, and the city, state and country of the business e of business.			ate Number: 124701	1
	GALINDO AUCTIONSLLC			and the second section of the section of the second section of the section of the second section of the	
	Mission, TX United States		Date Fil		
2	Name of governmental entity or state agency that is a party to the contract for which	n the form is	02/15/2	2024	ſ
	being filed. City of McAllen		Date Ac	cknowledged:	
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contra	o track or identify a act.	the con	tract, and prov	ride a
	09-23-S10-54				
	PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AL	UCTIONEERING	SERVI	CES	
		4 , 1		Nature of	interest
4	Name of Interested Party City, State, Country	try (place of busine	ess)	(check ap	
				Controlling	Intermediary
-					
-					
-					
_					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			77	
	My name is Ismgel Galindo	, and my date of t	oirth is _	9121-	19
	My address is 11437 N. Glasscock Pd., MSS (city)		<u>(</u> ,,	18573 (zip code)	Country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	HC L L	CS, on the	[5] da	y of Feb	_,20 24
		. / //	1	(month)	(year)
	Con /	8/1		** -	<u> </u>
	Signature of auth	orized agent of cont (Declarant)	tracting I	business entity	

FORM **1295**

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count	ne of business entity filing form, and the city, state and country of the business entity's place						
	of business.		2024	1-1125270				
	METRO FIRE APPARATUS SPECIALISTS, INC HOUSTON , TX United States		Date	Filed:				
^	Name of governmental entity or state agency that is a party to th	e contract for which the form is		9/2024				
Z	being filed.	c contract for which the form is	1					
	City of McAllen			Acknowledged: 9/2024				
					ida a			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identification dentification dentification and the contract.	y tne c	ontract, and prov	/ide a			
	PROJECT # 02-24-P35-01 FIRE DEPARTMENT PUMPER TRUCK							
_				Nature of	finterest			
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap				
				Controlling	Intermediary			
RI	JSSELL, CRAIG N.	HOUSTON, TX United States		Х				
					n			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date o	f birth is	s				
	Aby address is							
	My address is(street)	(city)	state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed inCount	y, State of, on the		day of	, 20			
		-		(month)	(year)			
		Signature of authorized agent of co	ntractin	ng business entity				
	(Declarant)							

www.ethics.state.tx.us

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business. METRO FIRE APPARATUS SPECIALISTS, INC HOUSTON, TX United States	try of the business entity's place	2024 Date	ficate Number: 4-1125270 Filed:		
2	Name of governmental entity or state agency that is a party to th being filed. City of McAllen	e contract for which the form is		tte Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT # 02-24-P35-01 FIRE DEPARTMENT PUMPER TRUCK	ity or state agency to track or identify ded under the contract.	, the co			
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of (check ap Controlling		
RI	USSELL, CRAIG N.	HOUSTON, TX United States		Х		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is MONICA INGRAM	, and my date of	birth is	10/03/1979		
	My address is 17350 STATE HWY 249 STE 250 (street)	(city), T	X tate)	77064 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in HARRIS County	y, State of TEXAS, on the 1	<u> 9th</u> d	lay of FEB (month)	, 20 <u>24</u> . (year)	
	Mor	DN: cn=Mo	nica Ingra Inc, ou=M	lonica Ingram nm, o=Metro Fire Apparat IFAS, email=mingram@n I大姆名ip像S entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1125310			
	\$1.50 CLEANERS		202	.4-1125510	ſ	
	MCALLEN TEXAS 78504, TX United States		Date	e Filed:	ſ	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	19/2024	ſ	
	being filed. CITY OF MCALLEN		Date	e Acknowledged:	ſ	
	CITY OF MCALLEN	02				
3	Provide the identification number used by the governmental enti	ity or state agency to track or ide	entify the	contract, and prov	∕ide a	
	description of the services, goods, or other property to be provided	ded under the contract.				
	09-23-S76-94					
	DRY CLEANING & LAUNRY SERVICES					
4	·			Nature of	interest	
-	Name of Interested Party	City, State, Country (place of b	ousiness)	<u> </u>		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is	·	
	Moradhara					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	v. State of	n the	day of	. 20 .	
		,,,, , 		(month)	(year)	
		Signature of authorized agent of (Declarant)		ng business entity		

FORM **1295**

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business ent of business.	ity's place	Certifi	TIFICATION cate Number: 1125310	OF FILING
	\$1.50 CLEANERS MCALLEN TEXAS 78504, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the contract for which the	ne form is		/2024	
	being filed. CITY OF MCALLEN		Date A	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to to description of the services, goods, or other property to be provided under the contract 09-23-S76-94 DRY CLEANING & LAUNRY SERVICES		the co	ntract, and prov	vide a
4	Name of Interested Party City, State, Country	(alasa of buoim	200)	Nature of	
	Name of Interested Party City, State, Country	(place of busin	ess)	Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			0.16	2.)
	My name is Felipe Hula	and my date of	birth is	8-26	
	My name is Felipe Avila My address is 1001 D Noicna MCH (street) (city)	<u>len</u> , <u>(s</u>	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in	, on the	<u>Ol</u>	day of(, 20 <u>24</u> .
		1		(month)	
	Signature of author	ized agent of co (Declarant)	ntracting	g business entity	

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ificate Number: 4-1124786			
	Lonestar Freightliner Group, LLC dba Lonestar Truck Group \	Waco	2024	t-1124 / OU	
	Waco, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	ie contract for which the form is	02/1	6/2024	
	CITY OF MCALLEN			Acknowledged: 0/2024	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		y the c	ontract, and prov	/ide a
	01-24-P31-01 TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BF	RUSH DEPT. (TIPS)			
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable) Intermediary
				Controlling	IIILEI IIIEUiai y
<u> </u>					
					<u> </u>
_					
<u> </u>					
_					<u> </u>
					<u> </u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth is	5	
	My address is	,,,	,		.,
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCount	y, State of, on the	;	day of(month)	
				(montn)	(year)
		Signature of authorized agent of cor (Declarant)	 ntractin	g business entity	

FORM 1295

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1124786		
	Lonestar Freightliner Group, LLC dba Lonestar Truck Group \ Waco, TX United States	Vaco	Date Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	02/16/2024	
	being filed. CITY OF MCALLEN		Date Acknowledged	:
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided by the governmental entidescription of the services.	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a
	01-24-P31-01 TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BF	RUSH DEPT. (TIPS)		
4	Name of Interested Party	City State County / place of husin	100,000,000,000	of interest
	Name of interested Party	City, State, Country (place of busine	Controlling	pplicable) Intermediary
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name isJason Wade	, and my date of b	birth is <u>03/16/1972</u>	
	My address is430 S Main St(street)	, _Georgetown, _TX, (city), (sta	, 78626 ate) (zip code)	_, _USA
	I declare under penalty of perjury that the foregoing is true and correct	# 1973 W	o 25 5	130 1330
	and the first the little of the filless of the state of t		16	24
	Executed in Williamson County	, State of TX , on the _	day of Feb (month)	, 20 <u>24</u> . (year)
		ffely -		
		Signature of authorized agent of conti (Declarant)	racting business entity	

FORM **1295**

⊢								
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1125867					
	MOR-WIL, LLC			,				
	MISSION, TX, 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	02/2	0/2024				
	being filed.		Date	Acknowledged:				
	City of McAllen			0/2024				
Ŀ	Provide the identification number used by the governmental and	ity or state agency to treel or identify			iido a			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		r une c	ontract, and prov	riue a			
l	PROJECT NO. 10-23-C02-667	VATED DUMP CTATION IMPROVE	N 4 11 N 1 T	rcâ				
	âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMW.	ATER PUMP STATION IMPROVE	ıvı⊏íN İ	ısa				
_				Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)			
L				Controlling	Intermediary			
Г								
\vdash								
\vdash								
L								
\vdash								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is	S	·			
	My address is							
	(street)		tate)	(zip code)	(country)			
			•	-				
	I declare under penalty of perjury that the foregoing is true and correc	pt.						
	Executed inCounty	y, State of, on the			, 20			
				(month)	(year)			
	<u></u>							
		Signature of authorized agent of con (Declarant)	tractin	g business entity	_			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		i	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1125867		
	MOR-WIL, LLC		2024	-1123007		
	MISSION, TX, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/20	0/2024		
	City of McAllen		Date	Acknowledged:	1	
_						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and pro	vide a	
	PROJECT NO. 10-23-C02-667			22		
	âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMW.	ATER PUMP STATION IMPROVE	MENT	Sa 		
4	Name of Interested Party	City, State, Country (place of busin	066)	20000000000000000000000000000000000000	f interest oplicable)	
	Name of Interested Party	City, State, Country (place of busin	ess)	Controlling	Intermediary	
				- Controlling	income dia s	
-						
_			-			
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Albert Garza	, and my date of	birth is	10/14/1977	i	
	My address is 22394 W. US Hwy 281	San Benito TX	Κ .	78586	USA	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed in Hidalgo County	y, State of Texas, on the	20_			
		۸		(month)	(year)	
		H. cara				
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1124798					
	AQUATIC DESIGN & ENGINEERING, INC.						
_	Orlando, FL United States	a a a mara at face collected that face is		e Filed: 16/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/1	-0/2024			
	The City of McAllen Texas McAllen City Commission		Date Acknowledged: 02/21/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	contract, and prov	/ide a		
	Proj No 02-24-NBI35-01 Design & Engineering of Aquatic Features and Aquatic Leisur	re Destination of Boeye Reservoir	Develo	opment			
4				Nature of			
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
				Controlling	Intermediary		
Ma	artin, Joshua	Orlando, FL United States		X			
Ma	artin, Kenneth	Orlando, FL United States		Х			
Ma	artin, Patricia	Orlando, FL United States		Х			
Ma	artin, Kerry L.G.	Orlando, FL United States		Х			
W	einbaum, Michael	Orlando, FL United States		X			
Br	aswell, William	Orlando, FL United States		×			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date c	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 correct	t.					
	Executed inCount	y, State of, on the	;	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co	 ntractir	ng business entity			

FORM **1295**

_						
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1124798		
	AQUATIC DESIGN & ENGINEERING, INC.					
2	Orlando, FL United States Name of governmental entity or state agency that is a party to the	e contract for which the form is		Filed: 6/2024		
_	being filed.	e contract for which the form is		A . l		
	The City of McAllen Texas McAllen City Commission		Date	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	∕ide a	
	Proj No 02-24-NBI35-01 Design & Engineering of Aquatic Features and Aquatic Leisure	re Destination of Boeye Reservoir D	evelo	pment		
4		Site State Security (place of busine	\		f interest	
	Name of Interested Party	City, State, Country (place of busine	essj	(check ap	Intermediary	
Ma	artin, Joshua	Orlando, FL United States		Х		
Ma	artin, Kenneth	Orlando, FL United States		Х		
Martin, Patricia		Orlando, FL United States		×		
Martin, Kerry L.G.		Orlando, FL United States		Х		
Weinbaum, Michael		Orlando, FL United States		Х		
Braswell, William		Orlando, FL United States X				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			,	,	
	My name is JOSHUA M. MARTIN	, and my date of	birth is	08/09	83	
	My address is 1000 SWEETBRIAR RD (street)	ORLANDO FI	ate)	32806 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in OPAN GE County	y, State of FLORIDA, on the	210	day of <u>FEB</u> (month)	, 20 24 . (year)	
		- many management	The say in		•	
		Signature of authorized agent of cont	tracting	n husiness entity);	
		(Declarant)	., 14011116	Judiness Chilly		

FORM **1295**

						1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE			
of business. TEDSI Infrastructure Group, Inc.			2024-:	ertificate Number: 024-1126284 ate Filed:				
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen, Texas	e contract for which th	ne form is	02/21/2024 Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-24-S23-01 PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTSEN ROAD WIDENING							
4	Name of Interested Party	City, State, Country	(place of busin	ess)	Nature of (check ap			
Bı	ight, Paul	Houston, TX Unite	d States		Х			
М	orris, Jr., Jules	Houston, TX Unite	d States		×			
Si	alinas, Jesus	Mission, TX United	d States		Х			
			-20					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION				40/04/405	_		
	My name is Jesus Salinas		and my date of	birth is	12/24/195	<u>/</u>		
	My address is 2111 Scout Lane (street)	, <u>Mission</u> (city)	, <u>T</u> , (s	X, _ tate)	78572 (zip code)	, USA . (country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed in Hidalgo Count	ty, State of Texas			(month)	(year)		
L		Signature of autilon	(Declarant)	ia acang	, Duanicaa endly			

FORM **1295**

	Complete 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	Cert	ificate Number:		
	TEDSI Infrastructure Group, Inc.	2024	2024-1126284			
	Mission, 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	02/2	21/2024		
	City of McAllen, Texas			Acknowledged: 2/2024		
3	Provide the identification number used by the governmental ent	ity or state agency to track or ident	ify the c	contract, and prov	ride a	
-	description of the services, goods, or other property to be provided as a service of the services.	ded under the contract.		-		
	02-24-S23-01 PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTS	SEN ROAD WIDENING				
4				Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
_		Haviston TV United Ctates		Controlling	Intermediary	
Br	ight, Paul	Houston, TX United States		X		
M	orris, Jr., Jules	Houston, TX United States		Х		
Sa	ılinas, Jesus	Mission, TX United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
		and my data	of birth :	_		
	My name is	, and my date	OI DII II I	S		
	My address is		,		,·	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCount	y, State of, on the	ie			
				(month)	(year)	
		Signature of authorized agent of c	ontractin	ng business entity		
		(Deciarant)				

FORM **1295**

						1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filling form, and the city, state and count of business.	try of the business entity's	place	Certificate Number: 2024-1127592				
	Rangeline Utility Services, LLC	es II C						
	Haslet , TX United States							
2		mental entity or state agency that is a party to the contract for which the form is						
	being filed.			1				
	City of McAllen			Date Acknowledged: 02/26/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track of ded under the contract.	or identify	the co	ontract, and prov	vide a		
	02-24-C10-01							
	Emergency Repair & Replacement of Transmission Water Lin	nes						
4					Nature of			
	Name of Interested Party	City, State, Country (place	e of busine	ess)	(check ap			
					Controlling	Intermediary		
	-							
		<u> </u>						
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and r	my date of t	oirth is		·		
	My address is(street)	(city)	,,(sta	, ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	ot.						
	Executed inCounty		, on the	d	day of	, 20 .		
		<u> </u>	,		(month)	, <u></u>		
		Signature of authorized ag		racting	g business entity			

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business. Rangeline Utility Services, LLC Haslet, TX United States	202	Certificate Number: 2024-1127592 Date Filed:		
2	Name of governmental entity or state agency that is a party to the c being filed. City of McAllen	ontract for which the form is		23/2024 e Acknowledged:	
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided 02-24-C10-01. Emergency Repair & Replacement of Transmission Water Lines	under the contract.	entify the	contract, and pro	vide a
4	Name of Interested Party C	ity, State, Country (place of b	usiness)	Nature of (check approximation)	
				Controlling	71101111011111
-		***************************************			
					www.uiu.w.
5	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION			. 4	
	My name is Chris Campbell			is $\frac{5/22/}{2}$	1990
	My address is 3926 FM 455 (street)	, Sanger ,	(state)	, <u>76266</u> (zip code)	, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Tavan + County, S	itate of TX, on	the <u>26</u>	May of Felorial (month)	7 20 <u>24</u> . (year)
		Signature of authorized agent of	contractin	ng business entity	
		(Declarant)		Sacriton or dry	

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ificate Number: 4-1128010			
	Perez Consulting Engineers, LLC		202	+-1170010			
_	McAllen, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/2	02/26/2024			
	City of McAllen			e Acknowledged: 27/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		ify the c	ontract, and prov	ride a		
	Project No. 02-24-S24-01						
	Subdivision Plat for Quinta Mazatlan						
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
<u> </u>		<u> </u>		Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s	·		
	My address is						
	(street)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of, on the	ie				
				(month)	(year)		
		Signature of authorized agent of control (Declarant)	ontractin	ng business entity			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		li li	CEF	OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place	DOL NEWSCHIE	ficate Number: -1128010	
	Perez Consulting Engineers, LLC 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		6/2024	
	being filed. 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	ty or state agency to t led under the contrac	track or identify t.	the co	ontract, and pro	vide a
	Project No. 02-24-S24-01					
	Subdivision Plat for Quinta Mazatlan					
4						f interest
	Name of Interested Party	City, State, Country	(place of busine	ss)		oplicable)
				\dashv	Controlling	Intermediary
				_		
		•		\dashv		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				2	
	My name is <u>J. David Perez, P.F.</u>	, ;	and my date of bi	rth is _	04/22/1969	·
	My address is 808 Dallas Ave.	,McAllen	, <u>TX</u>		78501	, <u>USA</u> .
	(street)	(city)	(stat	e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in HIDALGOCounty,	State ofTexas	, on the <u>26</u>	<u>sth</u> da		200
	1	\	1		(month)	(year)
		\				
		Signature of authorize	ed agent of contra Declarant)	cting I	ousiness entity	
		(Deciarant)			

FORM **1295**

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2024-1129742					
	Chemical Containers, Inc. Lake Wales, FL United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/29/2024				
	being filed. City of McAllen		Date	Acknowledged:			
	City of Michieff						
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 pro	vide a		
	11-23-P23-95 PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURF	RENT MODEL HERBICIDE TRUCK	KS				
4					finterest		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable) Intermediary		
					into mounty		
5	Check only if there is NO Interested Party.						
	UNSWORN DECLARATION			.1.1			
	My name is ANDREN MOTIS	, and my date of b	oirth is	9/8/1	<u>187</u> .		
	My address is 413 ABC RD.	, LAKE WALES (city) (sta	ate)	33859 (zip code)	, USA (country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty,	State of FLORIDA, on the	29 d	lay of FEB	, 20 24		
		1.000		(month)	(year)		
		Signature of authorized agent of contr	racting	business entity			
	(Declarant)						

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 4-1129742		
	Chemical Containers, Inc.		2027	+-1123142		
	Lake Wales, FL United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/29/2024			
	being filed.		Date	Acknowledged:		
	City of McAllen			9/2024		
_	Provide the identification number used by the governmental enti-	ity or state agency to track or identif			rido a	
3	description of the services, goods, or other property to be provide		y uie o	טוונומטנ, מווע אוסי	nue a	
	11-23-P23-95 PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CUR	DENT MODEL HERRICIDE TRUC	١KS			
		.RENT WOODLETTENDIOIDE TROC	,I\3 			
4	!			Nature of		
•	Name of Interested Party	City, State, Country (place of busir	ness)	(check ap		
_		 		Controlling	Intermediary	
						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	f birth is	S	·	
	My address is	,	,		,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
				طے، م	20	
	Executed inCounty	y, State of, on the		day of (month)	, 20 (year)	
				(meman)	(your)	
		Signature of authorized agent of cor	ntractin	g business entity		
ı		(Declarant)				

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the bu	siness entity's place		ficate Number: -1130010	
	Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.			2024	-1130010	
_	McAllen, TX United States				Filed: 9/2024	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract f	or which the form is	02/23	912024	
	City of McAllen			Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state a led under th	agency to track or identify ne contract.	the co	ontract, and pro	vide a
	Project 02-24-S31 WA#4 - Champion Lakes Silt Remediat Professional Engineering Services	tion				
4	Name of Intersected Positiv	City State	Country (place of busin	\		f interest
	Name of Interested Party	City, State	e, Country (place of busin	essy	Controlling	oplicable) Intermediary
						,,
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Alfonso A. Gonzalez		, and my date of	birth is	July 2, 1966	
	My address is117 W Upas Avenue		McAllen , T		78501	, <u>U.S.</u>
	(street)		(city) (si	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Hidalgo County	/, State of _	Texas, on the	<u>29</u> c	day of <u>Februa</u>	
		0 -			(month)	(year)
			larcia Appia Civil Infrastruct			ers, L.L.C.
			y: Alfonso A, Gonzalez, P.E of authorized agent of con			
		Jigijatule	(Declarant)	aciii il	, Judiniedd Enuly	

FORM **1295**

	Complete Nos. 1 - 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	-		cate Number:		
	Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.		2027 1100010				
	McAllen, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	rm is	02/29/2024				
	City of McAllen			Date A 02/29/	Acknowledged: /2024		
3	Provide the identification number used by the governmental entit	v or state agency to track	or identify	the co	ntract. and prov	ride a	
3	description of the services, goods, or other property to be provided						
	Project 02-24-S31 WA#4						
	Professional Engineering Services						
4					Nature of		
	Name of Interested Party	City, State, Country (plac	e of busine	:ss)	(check ap		
				-+	Controlling	Intermediary	
				\dashv			
				_			
				_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and	my date of b	oirth is ₋		·	
	Mir address is						
	My address is(street)	,(city)	, (sta	, _ ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty		on the	٨,	ay of	20	
	County	, Glate OI	, on the _	ua	(month)	, 20 (year)	
	·	Signature of authorized a	gent of conti	racting	business entity		

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1129173				
	SILSBEE FORD SILSBEE, TX United States	Doto	Date Filed:				
2	Name of governmental entity or state agency that is a party to the		28/2024				
_	being filed.						
	CITY OF MCALLEN			Date Acknowledged: 02/28/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		entify the o	contract, and prov	vide a		
	PROJECT NO. 11-23-P16-103 NEW CURRENT MODEL POLICE PKG. VEHICLES						
4				Nature of			
	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap			
				Controlling	Intermediary		
DO	ONALSON, DREW	SILSBEE, TX United States		X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth i	s	·		
	My address is	,	,	,	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, or	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent o (Declarant)	f contractir	ng business entity			

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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. SILSBEE FORD SILSBEE, TX United States			Certificate Number: 2024-1129173 Date Filed:		
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged:					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided PROJECT NO. 11-23-P16-103 NEW CURRENT MODEL POLICE PKG. VEHICLES		the co	ontract, and prov	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	
D	DNALSON, DREW	SILSBEE, TX United States		X	
5	Check only if there is NO Interested Party.				
6	My name is A. Glen Angelle	and my date of i	birth is	3/21	1 58
	My address is 1211 U.S. Hung 16 N	SilsBee T	ate)	77656 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct Executed inCounty	t.	<u>38</u> .	ay of(month)	
		Signature of authorized agent of cont	tracting	business entity	
		Signature of authorized agent of cont	tracting	business entity	

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and cour of business. GRAPEVINE DCJ, LLC GRAPEVINE, TX United States	ntry of the business entity's pla	202	Certificate Number: 2024-1129067 Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed. CITY OF MCALLEN	ne contract for which the form	Date	02/28/2024 Date Acknowledged: 03/01/2024			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provided in 11-23-P16-103 PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICE	ded under the contract.	identify the (contract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place o	f business)		f interest oplicable) Intermediary		
В	JEHLMAN, BRANDON	GRAPEVINE, TX United	States	X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my	date of birth	is	·		
	My address is(street)	(city)	, (state)	,(zip code)	country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed inCoun	ty, State of,	on the				
				(month)	(year)		
		Signature of authorized agen (Declarar		ng business entity			

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1129067 GRAPEVINE DCJ, LLC GRAPEVINE, TX United States Date Filed: 02/28/2024 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-23-P16-103 PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICE PACKAGED VEHICLES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary **BUEHLMAN, BRANDON** GRAPEVINE, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** ______, and my date of birth is Σ - 0 ~ [9 Σ 8 .

I declare under penalty of perjury that the foregoing is true and correct. County, State of Texa, on the 28 day of February Signature of authorized agent of contracting business entity (Declarant) www.ethics.state.tx.us Version V3.5.1.9000c47f

Executed in _

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number:			
	Silver Ribbon Community Partners			2024-1127234			
	Mcallen, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		22/2024			
_	being filed.	e contract for which the form is					
	City of Mcallen CDBG			Date Acknowledged: 03/06/2024			
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.						
	B-23-MC-48-0506						
	Silver Ribbon provides the financial assistance to the elderly a utility, utility deposit, medical expense, purchase of DME.	and disabled in Hidalgo and Stari	County	y with rent, rent o	deposit,		
4				Nature of			
	Name of Interested Party	City, State, Country (place of bus	siness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth i	s	·		
	My address is(street)	(city)	(state)	,(zip code)	., (country)		
	(Sueet)	(Gity)	(State)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed inCounty	y, State of, on the	ne				
				(month)	(year)		
		Signature of authorized agent of c	ontraction	na husiness entity			
		Organization of authorized agent of the	oniacill	ig business citilly			

FORM 1295

			7		
	Complete 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 cour of business.	try of the business entity's place		ficate Number: 1-1127234	
	Silver Ribbon Community Partners		1202	-112720-	
	Mcallen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	2/2024	
	being filed.		Date	Acknowledged:	
	City of Mcallen CDBG		Date	Actalomouges.	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	ity or state agency to track or identif ded under the contract.	y the c	ontract, and prov	ide a
	B-23-MC-48-0506 Silver Ribbon provides the financial assistance to the elderly	and disabled in Hidalgo and Starr	County	with rent, rent o	leposit,
_	utility, utility deposit, medical expense, purchase of DME.	I		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	plicable)
				Controlling	Intermediary
_					
-					
L					
H					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name isMigdalia D Ochoa	, and my date of	of birth i	o5/11/1965	•
	My address is 1201 W Esperanza Ave	,,	Тх	78501	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and com-	ect.			
	Everythed in Hidalgo Coul	nty, State of Texas on th	e 22	day of February	20
	Executed inCoul	Mollor		(month)	(year)
		Signature of authorized agent of co (Declarant)	ontracti	ng business entity	

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place		Certificate Number: 2024-1123195		
Easter Seals Rio Grande Valley		202	+-1120190		
McAllen, TX United States					
	e contract for which the form is	02/1	.3/2024		
Easter Seals Rio Grande Valley			-		
description of the services, goods, or other property to be provid		fy the c	ontract, and prov	ride a	
Renab therapy services					
			Nature of	interest	
Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
			Controlling	Intermediary	
			1		
			<u>l </u>		
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is	, and my date o	of birth is	s	·	
My address is(street)		(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correc	t.				
Everyted in Count	v State of on th	۵	day of	20	
Executed III	, State of, on the	,	(month)	, 20 (year)	
		ontractin	ng business entity		
	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. Easter Seals Rio Grande Valley McAllen, TX United States Name of governmental entity or state agency that is a party to the being filed. Easter Seals Rio Grande Valley Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided by the provided services. Name of Interested Party Check only if there is NO Interested Party. UNSWORN DECLARATION My name is	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. Easter Seals Rio Grande Valley McAllen, TX United States Easter Seals Rio Grande Valley Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract. B-23-MC-48-0506 Rehab therapy services Name of Interested Party City, State, Country (place of business) Check only if there is NO Interested Party. UNSWORN DECLARATION My name is	Compite Nos. 1, 2, 3, 5, 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. Easter Seals Rio Grande Valley McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Easter Seals Rio Grande Valley Provide the identification number used by the governmental entity or state agency to track or identity the office of the services, goods, or other property to be provided under the contract. B-23-MC-48-0506 Rehab therapy services Name of Interested Party City, State, Country (place of business) Check only if there is NO Interested Party. UNSWORN DECLARATION My name is	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business. Name of Interested Party Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party City, State, Country (place of business) Name of Interested Party Check only if there is NO Interested Party. UNSWORN DECLARATION My name is	

FORM 1295

***************************************			***************************************		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		ř	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	8	ficate Number: -1123195	
	Easter Seals Rio Grande Valley McAllen, 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		3/2024	
	being filed.		Date	Acknowledged:	
	Easter Seals Rio Grande Valley				
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 pro	∕ide a
	B-23-MC-48-0506				
	Rehab therapy services				
4				Nature o	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	<u> </u>
		WANTED TO THE TOTAL OF THE TOTA		Controlling	Intermediary
		· · · · · · · · · · · · · · · · · · ·			
	· ·				MATERIAL TO THE PARTY OF THE PA
		<u>i</u>			***************************************
· ·······		300 - 100 -			
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
	My name is PATRICIA ROSENLUND My address is 3505 LOS Indios Parkway (street)	, and my date of b	oirth is	03-13-1	959
	My address is 3505 Los Indios Porkway	mission .]	<u> </u>	18572	usa.
	(street)	(city) (sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in	State of Texas on the	<u>/3</u> d	lay of <u>Feb</u> (month)	, 20 <u>24</u> . (year)
	\mathcal{P}_{a}	minia Rosantia	. m . M	- East	te Sensala)
		Signature of authorized agent of conti (Declarant)	racting	business entity	ramoistikumentuuksilana.

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	of business. ABLE CITY LLC				Certificate Number: 2022-896415 Date Filed:		
2	Name of governmental entity or state agency that is a party to being filed. CITY OF MCALLEN	the contract for which	the form is	03/14/2023 Date Acknowledged:			
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro PROJECT NO. 06-22-S55-478 REQUEST FOR QUALIFICATIONS MCALLEN VISION ZE	ovided under the contrac		the co	ntract, and prov	ide a	
4	Name of Interested Party	City, State, Country	/ (place of busin	ess)	Nature of (check ap Controlling		
R	OTNOFSKY, FRANK	McAllen, TX Unit	ed States		Х		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is FRANK ROTNOFSKY		, and my date of	birth is _	9/10/1960	·	
	My address is 200 S. 10th Street. Suite. 907 (street)	, <u>McAllen</u> (city)	,	TX, _	78501, (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr	rect.					
	Executed in Hidalgo Cou	unty, State of <u>Texas</u>	, on the _	_ <u>14th</u>	day of March (month)	<u>, 2023.</u> (year)	
	- P	Signature of author	ized agent of con	tracting	business entity		
		S. g. rataro or datifor	(Declarant)	asanig			

FORM **1295**

	Complete Nos. 1 - 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: 2022-896415				
	ABLE CITY LLC		2022	2 030413		
	MISSION, 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	06/0	8/2022		
	CITY OF MCALLEN		Date	Acknowledged:		
	S			5/2023		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the property to be provided in the prov		the co	ontract, and prov	ride a	
	PROJECT NO. 06-22-S55-478 REQUEST FOR QUALIFICATIONS MCALLEN VISION ZERO	O PLAN				
1				Nature of	interest	
•	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
				Controlling	Intermediary	
₹(OTNOFSKY, FRANK	MISSION, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	S	·	
	My address is(street)		, tate)	(zip code)	, (country)	
	(51155)	(51)	,	(=ip 0000)	(South J)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCount	y, State of, on the	(, 20	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				FFICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	ntity's place		ate Number:	
	City of McALlen			2024-1	.128121	
	San Juan, TX United States			Date Fi	led:	
2	Name of governmental entity or state agency that is a party to th	e contract for which	the form is	02/26/2		
	being filed.					
	Catholic Charities of the Rio Grande			Date Ad		
				03/06/2	2024	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			the con	tract, and pro	vide a
	B-23-MC-48-0506.					
	18,000					
					Nature o	f interest
4	Name of Interested Party	City, State, Country	(place of busine	ess)		oplicable)
	·			· -	Controlling	Intermediary
Ci	ty of McAllen	McAllen, TX Unite	ed States		Х	
5	Check only if there is NO Interested Party.					
-	LINEWORN DECLARATION					
o	UNSWORN DECLARATION					
	My name is	,	and my date of I	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	it.				
	Executed inCounty	v. State of	. on the	dav	v of	. 20
		,, 	,3 _		(month)	
		ousiness entity				

	CERTIFICATE OF INTERESTED PART	ΓIES		FOR	и 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	-	l .	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		icate Number: -1128121		
City of McALlen San Juan, TX United States Date F			=iled:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	02/26	02/26/2024		
	being filed. Catholic Charities of the Rio Grande		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided B-23-MC-48-0506. 18,000	ity or state agency to track or identify ded under the contract.	the co	entract, and prov	vide a	
4				Nature o		
•	Name of Interested Party	City, State, Country (place of busin	iess)	(check ar		
_		Man Allen TV I Inite of Charles		Controlling	Intermediary	
C	ty of McAllen	McAllen, TX United States		Χ		
				=		
		<u> </u>		·		
			ì			
L						
		-				
L	Mary replacement.					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	<u> </u>				
	My name is Sister Norma Pimento			٠.	53	
	My address is 700 N. Virgen de San Joan	Ry San Juan 7	state)	78574 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Hidalgo Coun	oty, State of TEXAS , on the	24	day of FE OUT (month)		
		e Mmil	r			
		Signature of authorized agent of co (Declarant)	ntractin	g business entity	,	

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count	try of the business entity's		rtificate Number:	0
	of business.		-	24-1123661	
	Access Esperanza Clinics Inc. McAllen, TX United States		Dat	te Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the fo		13/2024	
_	being filed.				
	Access Esperanza Clinics In.			te Acknowledged: 07/2024	
	Duranida tha identification number and but the assument and out	·			.:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		k or identity the	contract, and pro-	viue a
	B-22-MC-48-0506				
	Health Care Services				
_		<u> </u>		Nature o	f interest
4	Name of Interested Party	City, State, Country (pla	ce of business)	(check ap	plicable)
				Controlling	Intermediary
Α	ccess Esperanza Clinics Inc.	McAllen , TX United S	States	X	
_					
				+	
				+	
5	Check only if there is NO Interested Party.				
_					
6	UNSWORN DECLARATION				
	My name is	, and	I 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 correc	ot.			
	Executed inCount	y, State of	, on the	day of (month)	
				(month)	(year)
		Signature of authorized a	agent of contract	ing husiness entity	
			agent of contract clarant)	my business chilly	

					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 countr of business.	ry of the business entity's place	ı	ficate Number: 1-1123661	
	Access Esperanza Clinics Inc. McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/13	3/2024	
	Access Esperanza Clinics In.			Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	ly or state agency to track or identify led under the contract.	the co	ontract, and prov	∕ide a
	B-22-MC-48-0506 Health Care Services				
4	Name of Interested Party	City, State, Country (place of busine	oce)	I	f interest
	Name of filterested Fally	City, State, Country (place of busine	ess	(check ap	Intermediary
Ac	cess Esperanza Clinics Inc.	McAllen , TX United States		х	
		<u> </u>			
		hanness and the second			
		L-0, p-0, -0, -0, -0, -0, -0, -0, -0, -0, -0,			
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION			Α .	
	My name is <u>Hatricia</u> C bone Akz My address is <u>3111</u> Sunset Arijo	, and my date of t	birth is	Hpvil 19,	1952
	My address is 3111 Sunset Drive (street)	Edinburg . To (sta	ate)	78534 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.			/ h	
	Executed in Hidalgo County,	, State of TEXAS , on the	140	day of <i>Feb.</i> (month)	, 20 <u>24/</u> . (year)
	\mathcal{Q}_{a}	ture of Amale	A)		
		Signature of authorized agent of cont (Declarant)	tracting	g business entity	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1123445		
	Comfort House Services, Inc.		202	4-1120440	
	McAllen, TX United States			e Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/1	L3/2024	
	being filed. City of McAllen CDBG			e Acknowledged:	
_	- · · · · · · · · · · · · · · · · · · ·				- •
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ify the c	ontract, and prov	ride a
	B-23-MC-48-0506 We provide twenty-four-hour care to the terminally ill.				
	we provide twenty-roun-roun care to the terminary in.				
4	!			Nature of	
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	
\vdash				Controlling	Intermediary
L					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth is	s	·
	My address is(street)		, (state)	(zip code)	., (country)
	• •	• •			
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	y, State of, on th	e		
				(month)	(year)
		Signature of authorized agent of co	ontractin	ng business entity	

FORM 1295

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	1
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2024-1123445	
	Comfort House Services, Inc.		2024-1123445	
	McAllen, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/13/2024	
_	being filed.			
	City of McAllen CDBG		Date Acknowledged	!: : :
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the contract, and pr	ovide a
	B-23-MC-48-0506			
	We provide twenty-four-hour care to the terminally ill.			
4	Name of Interested Party	City, State, Country (place of busine	1	of interest applicable)
	Name of Interested Party	City, State, Country (place of busine	Controlling	Intermediary
····				
income			***************************************	**************************************

engaphalanana				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION	and the second s	- S. S	í
	My name is David A. Perez	, and my date of b	birth is <u>10.30.</u>	974
	My address is <u>V17 DQ1/Q5 AVe.</u> (street)	McAllen T)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	l.		g
	Executed in Hidalao County	, State of Texas , on the	3th day of Feb	,2024.
		7 - 1	(month) (year)
	<u> </u>	1/W / A		
		Signature of authorized agent of cont (Declarant)	tracting business entity	/

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US	
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate Number:	
	McAllen Food Pantry Inc		2024-1130205	
	P.O. Box 5413 McAllen, TX United States		Date Filed:	
2		contract for which the form is	03/01/2024	
	being filed. McAllen Food Pantry Inc		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 pro	vide a
	B-22-MC-48-0506			
	Purchase Raw Foods			
4				of interest
·	Name of Interested Party	City, State, Country (place of busine	ess) (check a	pplicable)
			Controlling	Intermediary
-		<u> </u>		
	,			
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is Felicilas Vela	, and my date of b	oirth is 5/16	1901
	My address is 912 N. Bentsen, M	and my date of b	501 H,	dalgo
	(street)	(city) (sta	ate) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.		_	
	Executed in Hidal 40 County, 8	State of texas, on the	day of 3 (month)	, 20 2 4 . (year)
	7.0	Cictos Vela	, ,	
		Signature of authorized agent of contr	racting business entity	
		(Declarant)	_	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1130205				
	McAllen Food Pantry Inc		202	+-1100200			
	P.O. Box 5413 McAllen, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	03/0)1/2024			
	McAllen Food Pantry Inc			Acknowledged: 07/2024			
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.				/ide a		
	B-22-MC-48-0506	Jea aliaei ille collaaca					
	Purchase Raw Foods						
4				Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
\vdash				Controlling	Intermediary		
L							
					_		
				1			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s	·		
	My address is(street)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	ty, State of, on the	ıe	_day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONL CERTIFICATION OF FI						
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1123611				
	Lower Rio Grande Valley Development Council		2022	+-1123011		
	Weslaco, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/1	L3/2024		
	being filed. City of McAllen		Date	Acknowledged:		
	City of MicAllett			03/06/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		iy the c	ontract, and prov	<i>r</i> ide a	
	B-23-MC-48-0506					
	Our agency assists City of McAllen elderly residents with purc	chasing health maintenance items				
_		<u> </u>		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s	.	
	My address is		,	·	.,	
	(street)	(city) ((state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	it.				
	Executed inCounty	y, State of, on the	e			
				(month)	(year)	
		Signature of authorized agent of co	ntractin	ng business entity		

FORM 1295

					******************	***
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	8	Certificate Number: 2024-1123611			
	Lower Rio Grande Valley Development Council Weslaco, 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		3/2024		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identif	y the co	ontract, and pro	vide a	
	B-23-MC-48-0506 Our agency assists City of McAllen elderly residents with purc	hasing health maintenance items.				
4	Name of Interested Party	City, State, Country (place of busin		Nature o		
	Nume of Interested Farty	City, State, Country (place of busin	1033)	Controlling	pplicable) Intermediary	
Bitmess					:	

5	Check only if there is NO Interested Party.			da san o a posso de la menor la comercia de la co		
6	UNSWORN DECLARATION				***************************************	
	My name is Manuel Cruz	and my date of	birth is	November	14,	97.1
	My address is 301 W. Railroad	Weslaco T	······································	78596	USA	termenia en en e
	(street)	(city) (s	itate)	(zip code)	(coun	iuy)
	I declare under penalty of perjury that the foregoing is true and correct	i.				
	Executed in Hidalgo County	, State of Texas , on the	<u>13</u>	lay of <u>Februa</u> (month)		2 <u>4</u> . year)
		Chus			•	
		Signature of authorized agent of co	ntractio	husiness entity		Marian de la companya
		(Declarage)	worn it	7		

FORM **1295**

\vdash						
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FIL						
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1133757			
	E-Con Group, LLC		202	+-1133737		
	Edinburg, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to th	ie contract for which the form is	03/1	12/2024		
	being filed.		Doto	A skeep wlodgod.		
	City of McAllen			Date Acknowledged: 03/12/2024		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the provided the services of the servi		fy the c	ontract, and prov	ride a	
	12-23-C04-456					
_	Project No. 12-23-C04-456 Northwest Blueline Regional Dete	ention Facility				
4	ı			Nature of		
ľ	Name of Interested Party	City, State, Country (place of bus	iness)	(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 inCounty	y, State of, on th	e		, 20	
				(month)	(year)	
İ						
		Signature of authorized agent of co	ontractin	ig business entity		

L				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION			
1	Name of business entity filing form, and the city, state and countr	Certificate Number:				
_	of business.	,	2024-1133757			
	E-Con Group, LLC					
	Edinburg, 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	03/12/2024			
	City of McAllen		Date Acknowledged	:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.		the contract, and pro	vide a		
	12-23-C04-456					
	Project No. 12-23-C04-456 Northwest Blueline Regional Deter	ntion Facility				
4	Name of Interested Party	City, State, Country (place of busine		of interest		
	Name of interested Farty	City, State, Country (place of busine	Controlling	Intermediary		
			Controlling	Intermediary		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is GUBBT EURIQUEZ	, and my date of b	irth is 12-0°	7-1973		
	My address is 3035 S. SUGAR RD. (street)	, Eowsond , Tx (state	(zip code)	,, (country)		
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in HIDAIGO County,	State of TEXAS , on the	MH day of MARCU	1, 20 <u>24</u> .		
		H	(month)	(year)		
	· · · · · · · · · · · · · · · · · · ·	Cignature of outbarized agent of a set	anthor Number 2 and 1			
	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 RTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1131343			
	VED Heritage Properties LTD dba Volvo & Mack Trucks of Wa	aco	2024	-1131343	- 1
	Robinson, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/05	5/2024	
	being filed. CITY OF MCALLEN	× 1	Date	Acknowledged:	
	CITY OF MICALLEN			3	1
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a
	02-24-P40-01				
	TWO FRONT LOAD REFUSE COLLECTION TRUCKS				
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is MARGARET A. SALOME	, and my date of	birth is	05.17.10	179
	My address is 1287 SUN VALLEY RD. (street)	(city)	tate)	7670b (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in MC LENNAN Count	y, State of TEXAS, on the	12	day of MARCH (month)	, 20 <u>24</u> . (year)
		Mazalome	_	7	
		Signature of authorized agent of con (Declarant)	tractin	g business entity	

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1131343			
	VED Heritage Properties LTD dba Volvo & Mack Trucks of Wa	aco	2024	+-1131343		
	Robinson, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/0	5/2024		
	being filed. CITY OF MCALLEN		Date	Acknowledged:		
	CITY OF MICALLEIN			.2/2024		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ntify the contract, and provide a			
	02-24-P40-01	and under the contract				
	TWO FRONT LOAD REFUSE COLLECTION TRUCKS					
4	ŗ			Nature of		
•	Name of Interested Party	City, State, Country (place of busir	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	f birth is	s		
	My address is(street)	(city) (s	, state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCounty	y, State of, on the		day of		
				(month)	(year)	
		Signature of authorized agent of cor	ntractin	g business entity		
i		(Declarant)				

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Cert	Certificate Number: 2024-1133876				
	Red Wing Brands of America, Inc.		202	4-1100010			
	Red Wing, MN United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/1	L2/2024			
	being filed.						
	City of McAllen			Date Acknowledged: 03/12/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ntify the c	contract, and prov	/ide a		
	PROJECT NO. 01-24-SP08-130 SAF						
	SAFETY LEATHER BOOTS AND SHOES						
				Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap			
	,		,	Controlling	Intermediary		
Sv	veasy, William	Red Wing, MN United States	6	X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth i	s	·		
	My address is	,	,,		,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	v, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent o (Declarant)	f contractir	ng business entity			

					1 0f 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	S.	CE	OFFICE USE			
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1133876			
	Red Wing Brands of America, Inc. Red Wing, MN United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	03/1	2/2024			
	City of McAllen		Date	Acknowledged:			
3	Provide the identification number used by the governmental description of the services, goods, or other property to be		ntify the co	ontract, and prov	vide a		
	PROJECT NO. 01-24-SP08-130 SAF SAFETY LEATHER BOOTS AND SHOES						
4	Name of Interested Party	City, State, Country (place of b	usiness)		Nature of interest (check applicable)		
	Name of interested 1 arty	only, state, soundly (place of a		Controlling	Intermediary		
S۱	veasy, William	Red Wing, MN United States	5	x			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Lisa Barrett	, and my da	te of birth is	s <u>08/08/196</u> 4	<u> </u>		
	My address is 314 Main Street	, Red Wing	. <u>MN</u> ,	55066	,USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and						
	Executed in <u>Dakota</u>	County, State of Minnesota , on	the 12th	day of March (month)	, 20 24 (year)		
		Lisa Barret	t				
	_	Signature of authorized agent o	f contracting	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 partie	}S.		CE	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business.					Certificate Number: 2024-1133899		
	Dorsky Yue International LLC			202	11100000		
	Dallas, TX United States			00/	e Filed: L2/2024		
2	Name of governmental entity or state agency that is a part being filed.	y to the contra	ct for which the forr	n is	.212024		
	The City of McAllen			Date	e Acknowledged:		
3	Provide the identification number used by the government description of the services, goods, or other property to be			r identify the o	ontract, and pro	vide a	
	Project No 11-23-S34-01						
	Architecture Services Boeye Reservoir						
4					I	f interest	
•	Name of Interested Party	City, S	tate, Country (place	of business)	(check ap		
					Controlling	Intermediary	
					<u> </u>		
					•		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Karina Blanco		, and m	y date of birth i	s <u>06-12-1971</u>	<u> </u>	
	My address is 6105 Parkland Blvd., Ste 130	,	Cleveland	, OH	, 44124	Cuyahoga	
	(street)		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and	l correct.					
	Executed in Cuyahoga	County Chair	, OH	on the 12	dov. of March	00.24	
	Executed in	_County, State o	. <u> </u>	_, on me <u>+2</u>	day of March (month)	, 20 <u>_24</u> . (year)	
)			
	 -	Signa	ture of authorized age (Decla		ng business entity		

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1133899			
	Dorsky Yue International LLC		202	.4-1133099		
	Dallas, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/2	12/2024		
	being filed.					
	The City of McAllen			e Acknowledged: 13/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		entify the	contract, and prov	vide a	
	Project No 11-23-S34-01					
	Architecture Services Boeye Reservoir					
_		<u> </u>		Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of I	business)	(check ap		
			_	Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is	·	
	My address is	,,	_,	<i></i>	.,,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	rt.				
	Executed inCounty	y, State of, or	n the	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent	of contraction	na husinoss ontity		
		Signature of authorized agent (oi contractii	ng business entity		

FORM **1295**

\vdash						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filling form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2024-1134121			
1	Terra Firma Materials LLC					
	Edinburg, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/13/2024			
	being filed. City of McAllen		Date Acknowledged:			
	City of Michigan		03/13/2024			
3	Provide the identification number used by the governmental entit	ty or state agency to track or identify				
۱ ٔ	description of the services, goods, or other property to be provide		and prov			
l	01-24-P34-108					
	Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (2)	.024 Single Machine Repaving Proj	ect)			
<u> </u>				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
L				Controlling	Intermediary	
\vdash						
H						
L						
\vdash						
L						
dash						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
ľ						
	My name is	, and my date of	birth is	S	·	
	My address is(street)		,	(zip code)	··	
	(street)	(CITY) (S	iaie)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	:t				
	Tassials and penalty of perjary that the foregoing is the and confect	u				
	Executed inCounty	y, State of, on the				
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE			
1	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's plac		Certificate Number: 2024-1134121			
	Terra Firma Materials LLC	202-	Z0Z4-11941Z1				
	Edinburg, TX United States	00/4	Date Filed: 03/13/2024				
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form i	s U3/1	3/2024			
	City of McAllen		Date	Acknowledged:			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov		dentify the c	ontract, and prov	vide a		
	01-24-P34-108						
	Purchase & Delivery of Type D Hot Mix Asphaltic Concrete	(2024 Single Machine Repavin	g Project)				
4				Nature of	finterest		
•	Name of Interested Party	City, State, Country (place of	business)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Nancy Davenport	, and my o	late of birth is	9/6/1979	9		
	My address is 9312 E Curve Rd.	_, Edinburg	, ,	78542	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed in Hidalgo Cour	nty, State of Texas	on the 13th	_{day of} March	, ₂₀ _24		
				(month)	(year)		
		Signature of authorized agent (Declaran		g business entity			

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE			
1	Name of business entity filing form, and the city, state and count	try of the husiness entity's place		tificate Number:	OF FILING		
_	of business.	ny of the business entity's place		2024-1134191			
	Cutler Repaying, Inc.						
_	Lawrence, KS United States	a a contract for college the forms in		Date Filed: 03/13/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/	00/10/2024			
	City of McAllen			e Acknowledged:			
				13/2024			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the o	contract, and prov	ride a		
	01-24-C06-416 2024						
	2024 Single Machine Repaving Project						
4				Nature of			
	Name of Interested Party	City, State, Country (place of bu	ısiness)	 	pplicable)		
				Controlling	Intermediary		
V	eskerna, Charles	Lawrence, KS United States		X			
M	lles, John	Lawrence, KS United States		X			
R	athbun, John	Lawrence, KS United States		X			
				+			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my dat	of hirth	ie			
	my name is	, and my date	5 OI DII II I		·		
	My address is	,		,	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	v. State of	the	day of	. 20		
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-	(month)	(year)		
		Signature of authorized agent of	contracti	ng business entity			
		(Declarant)		5			

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	84 -0-60/8=3/AV		
1	Name of business entity filing form, and the city, state and count of business. Cutler Repaving, Inc. Lawrence, KS United States	try of the business entity's place	2024	ficate Number: -1134191 Filed:			
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen		03/13/2024 Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-24-C06-416 2024 2024 Single Machine Repaving Project						
4	Name of Interested Party	City, State, Country (place of busin	ess)	200.000	f interest oplicable) Intermediary		
Ve	eskerna, Charles	Lawrence, KS United States		х			
M	les, John	Lawrence, KS United States		х			
R	athbun, John	Lawrence, KS United States		х			
_							
5	Check only if there is NO Interested Party.						
6	My name is	, and my date of	birth is	APRIL	6, 1950		
	My address is		<u>3</u> . ate)	(zip code)	, <u>U5</u> . (country)		
	I declare under penalty of perjury that the foregoing is true and correct Executed inCounty	ot. y, State of <u>KANSAS</u> , on the J	13 m	day of <u>MARCH</u> (month)	1, 2024. (year)		
		Signature of authorized agent of cont	racting	business entity			

CERTIFICATE OF INTERESTED PA	ARTIES		FOR	м 1295		
				1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE			
Name of business entity filing form, and the city, state and of business.	country of the business entity's place		Certificate Number: 2024-1134895			
Coufal-Prater Equipment, LLC Dba United Ag & Turf Waco, TX United States		Date I	Filed:			
Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	03/14	1/2024			
City of McAllen		Date /	Acknowledged:			
Provide the identification number used by the governmental description of the services, goods, or other property to be p PROJECT NO.02-24-P37-01		fy the co	entract, and prov	/ide a		
John Deere Pro-Gator with Select Sprayer						
Name of Interested Party	City, State, Country (place of busi	ness)	Nature of (check ap			
·			Controlling	Intermediar		
Check only if there is NO Interested Party.						
UNSWORN DECLARATION			1/0/1070			
My name is Curtis Abel	, and my date o	f birth is	1/8/1979	<u> </u>		
My address is7736 Central Park Drive		TX_,	76712	USA		
(street)	(city) (state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and c $ \frac{McLennan}{\text{Executed in }} \underline{\hspace{1cm}} \text{C} $		14 d	lay of Marc			
	Curtis Abel		(month)	(year)		
_	Signature of authorized agent of co (Declarant)	ntracting	business entity			

Forms provided by Texas Ethics Commission

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Version V3.5.1.5b35d027

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	Cert	ificate Number: 4-1134895	01 11210		
	of business. Coufal-Prater Equipment, LLC Dba United Ag & Turf	nt II C Dha United As 9 Turf					
	Waco, TX United States	• • •					
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	03/1	03/14/2024			
	being filed.		D-4-				
	City of McAllen			Acknowledged: L4/2024			
3	Provide the identification number used by the governmental enti	ity or state agency to track or ide			vide a		
3	description of the services, goods, or other property to be provided		illiny tile c	ontract, and pro-	viue a		
	PROJECT NO.02-24-P37-01						
	John Deere Pro-Gator with Select Sprayer						
4				Nature of			
•	Name of Interested Party	City, State, Country (place of bu	usiness)	(check ap			
				Controlling	Intermediary		
				•			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth i	S			
	-						
	My address is	,	,	· 	,·		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ot.					
	Executed inCount	y, State of on	the	day of	, 20 .		
		-		(month)	(year)		
		Signature of authorized agent of	contractin	na husiness entity			
		(Declarant)	Jornadil	.g basiness chilly			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are inter Complete Nos. 1, 2, 3, 5, and 6 if there are		rties			CE	OFFICE USE	
1	Name of business entity filing form, and	'		y of the busin	ess entity's plac		ficate Number:	OF FILING
	of business.					2024	1-1123781	
	Boys & Girls Club of McAllen, Inc. McAllen, TX United States					Date	Filed:	
2	Name of governmental entity or state ag	jency that is a pa	arty to the	contract for w	hich the form is	02/1	4/2024	
	being filed. City of McAllen					Date	Acknowledged:	
	C.C, C							
3	Provide the identification number used description of the services, goods, or of					dentify the c	ontract, and pro	vide a
	B-23-MC-48-0506							
	General Funding							
4	Name of later and all Ba			Oite Otata O				f interest
	Name of Interested Pa	ırty		City, State, C	ountry (place of	business)	Controlling	oplicable) Intermediary
5	Check only if there is NO Interested Par	ty.						
6	UNSWORN DECLARATION							
	My name is Daline	da Alcantar			, and my c	late of birth is	9/23	/1980
	My address is 1502 H	Hawk Circle			McAllen	, TX ,	78501	. USA .
	(stree				(city)	,, (state)	(zip code)	(country)
	I declare under penalty of perjury that the f	oregoing is true a	and correct.					
	Executed in Hidalgo		County.	State of	TX o	on the _15	day of2	, 20_24
							(month)	
		-		Signature of a	authorized agent	of contractin	g business entity	
				Signature of t	Declarant)		g Susmices chary	

					1 Of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	ONLY		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	ERTIFICATION	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: 2024-1123781			
	Boys & Girls Club of McAllen, Inc.		202	.4-1123701			
	McAllen, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/	02/14/2024			
	City of McAllen			e Acknowledged: 14/2024			
3	Provide the identification number used by the governmental entit	ty or state agency to track or ide			vide a		
3	description of the services, goods, or other property to be provide		situly the	contract, and prov	nuc u		
	B-23-MC-48-0506						
	General Funding						
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of b	ousiness)	<u> </u>	<u> </u>		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my da	ite of hirth	is			
	my name to	, and my da	uo oi biitii		·		
	My address is	,	<u>,</u>	.,	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, or	n the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent o		ng business entity			

L					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CER	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business. Rex Cafe & Bakery inc.	Certificate Number: 2023-1095261				
-	McAllen, TX United States	Date F				
2	Name of governmental entity or state agency that is a party to the obeling filed.	contract for which the form is	11/15/2023			
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided 09-23-SP37-118 Food services	or state agency to track or identify I under the contract.	the co	ntract, and prov	vide a	
4				Nature of	interest	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
				Controlling	Intermediary	
CI	neck only if there is NO interested Party.					
UN	SWORN DECLARATION					
Му	name is Baldemar C. Cruerrero	, and my date of	birth is	03/19	11978	
My	address is 321 50 17thst	MANIA T	~			
wiy	address is 321 So. 17 th St.	(city) (st	ate)	7850\ (zip code)	(country)	
	clare under penalty of perjury that the foregoing is true and correct.					
Exe	cuted in Hidalgo County, Si	ate of Texas, on the	150	ay of Nover		
	Bus	mino				
	Js	ignature of authorized agent of conf	tracting	business entity		

					1 Of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2023-1095261			
	Rex Cafe & Bakery Inc.					
	McAllen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		.5/2023		
	City of McAllen			Acknowledged: 21/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		fy the c	ontract, and prov	ride a	
	09-23-SP37-118					
	Food services					
4	1			Nature of	interest	
-	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap		
				Controlling	Intermediary	
				+ +		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	s	·	
	My address is		,		.,	
	(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of, on the	e			
				(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties						OFFICE USE			
1	Name of business entity filing form, and the city, state and of		of the h	usiness entity's	nlace	CERTIFICATION OF FILING Certificate Number:				
of business.						2024-1131987				
	LandDesign, Inc. Charlotte, NC United States						Date Filed:			
2	Name of governmental entity or state agency that is a party	to the	contract	for which the fo	rm is	03/06/2024				
	being filed.					Date Acknowledged:				
	City of McAllen, TX					Date	Ackilowieugeu.			
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be p				or identify	the co	ontract, and prov	vide a		
	11-23-S35-01									
	Boeye Reservoir Consulting Site Planning Civil Engineer	ing & L	_andsca	pe Architecture	Profession	nal Se	rvices			
4							Nature of			
	Name of Interested Party	- 1	City, Sta	te, Country (plac	ce of busin	ess)	(check ap	plicable) Intermediary		
							Controlling	intermediary		
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
	My name is			, and	my date of	birth is	11.30.1976			
	My address is		, Char		, NC	, .	28202	USA		
	(street)			(city)	(st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and c	correct.								
	Executed inO	County	State of	North Carolina	on the	25th	March	20 24		
		,	2.3.00		, 0 1.10 _		(month)	(year)		
			-	Dawn	Steph	en	day of March (month)			
				e of authorized a	gent of cont		g business entity			
				(Dec	larant)					

FORM **1295**

_							
	Complete 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.	rry of the business entity's place		ficate Number: 4-1131987			
	LandDesign, Inc.						
	Charlotte, NC United States			Filed:			
2		e contract for which the form is	03/06	6/2024			
	being filed. City of McAllen, TX		Date	Acknowledged:			
	City of MicAllett, 17			5/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		/ the co	ontract, and prov	/ide a		
	11-23-S35-01						
	Boeye Reservoir Consulting Site Planning Civil Engineering &	Landscape Architecture Professio	nal Se	ervices			
4		I I				Nature of	
-	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
<u> </u>				Controlling	Intermediary		
L							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	s			
	My address is		,		,		
	(street)	(city) (st	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of, on the	(
				(month)	(year)		
		Signature of authorized agent of con	ıtractinç	g business entity			

FORM 1295

					011117
	Complete 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 country of business.	of the business entity's place		cate Number: 1139359	
	RGV Cycles San Juan Texas, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the c	ontract for which the form is		/2024	
	being filed. Mcallen Police Department		Date A	Acknowledged:	
3	Provide the identification number used by the governmental entity of	or state agency to track or identify	the co	ntract, and prov	vide a
J	description of the services, goods, or other property to be provided 10-23-P09-75	under the contract.			
	PURCHASE AND DELIVERY OF THREE (3) POLICE MOTORO	CYCLES			
_		Dity State Country Inlace of husing	(229	Nature of (check ap	
4	Name of Interested Party	City, State, Country (place of busing	-	Controlling	Intermediary
L					
\vdash					
L					
_					
5	Check only if there is NO Interested Party.				
5	UNSWORN DECLARATION			E	1071
	My name is RODELGO CALLEJA COTREQ	, and my date of	birth is	s OI reiz	1711.
	My address is 502 E INTERSTATE HW	City) (city)	state)	78589 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in HIDALGO County,	State of TEXAS, on the	26	day of MAR	1, 20 Z4
		X MATE			
		Signature of adjholized agent of co	ntractii	ng business enti	ty

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	pusiness entity filing form, and the city, state and country of the business entity's place				
	RGV Cycles		2024	4-1139359		
	San Juan Texas, 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	03/2	26/2024		
	being filed.					
	Mcallen Police Department			te Acknowledged: /27/2024		
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.	ify the c	contract, and prov	vide a	
	10-23-P09-75					
	PURCHASE AND DELIVERY OF THREE (3) POLICE MOTO	RCYCLES				
4				Nature of		
•	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	,	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s	·	
	My address is(street)	,,,,,	, (state)	(zip code)	_, (country)	
	I declare under populty of perium, that the foregoing is two and a sum-				•	
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCount	y, State of, on th	e	day of(month)	, 20 (year)	
				(monut)	(year)	
		Signature of authorized agent of co (Declarant)	ontractin	ng business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of business. Hollon Oil Company	of the business entity's place	Certificate Number: 2024-1139714			
	Weslaco, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	03/27	7/2024		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ontract, and prov	ride a	
	01-24-SP07-283 SUP Lubricants, coolants and diesel exhaust fluid (DEF)					
4	Name of Interested Party	City State Country (place of business		Nature of	The State of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary	
				Controlling	memediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			. /	,	
	My name is DANIEL ARRIAGA	, and my date of t	birth is	03/20/1	1954	
	My address is 1300 DAVENPORT (street)	WESCHCO T	ate)	78504 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in <u>HIDALGO</u> County,	State of TEXAS, on the	27	day of <u>MAR CF</u> (month)	7, 2024. (year)	
		Signature of authorized agent of cont (Declarant)	tracting	g business entity		

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	tity filing form, and the city, state and country of the business entity's place				
	Hollon Oil Company		2024	4-1139714		
	Weslaco, 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		27/2024		
	being filed.					
	City of McAllen	Dat : 03/3				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identi ded under the contract.	ify the c	contract, and prov	vide a	
	01-24-SP07-283 SUP					
	Lubricants, coolants and diesel exhaust fluid (DEF)					
4				Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s	·	
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
	Executed inCount		۵	day of	20	
	County	y, claic of, off th	J	(month)	, 20 (year)	
				,	,	
		Signature of authorized agent of co	ontractin	ng business entity		

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		Certificate Number: 2024-1139374		
	LMG Sales, Inc			f-110001 -		
	McAllen, TX United States			Filed:		
2		ie contract for which the form is	03/2	6/2024		
	being filed.		Date	Acknowledged:		
	City of McAllen			7/2024		
Ļ	Provide the identification number used by the governmental ent	the an atota amongs to track or identif			.:.do a	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y ine c	Ontract, and prov	nde a	
	01-24-SP07-283 SUPPLY CONTRACT FOR THE PURCHASE AND DELIVER	OV OF LURDICANTS				
	SUPPLY CONTRACT FOR THE FORCHASE AND DELIVER	() OF LUDRICAN 13				
4	-			Nature of	interest	
_	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
				Controlling	Intermediary	
					<u> </u>	
	-					
	-					
				<u> </u>		
5	Check only if there is NO Interested Party. $\begin{tabular}{c} X \end{tabular}$					
6	UNSWORN DECLARATION					
	My name is	, and my date of	f birth is	3	·	
	My address is	,,,	,		,·	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed inCounty	ty, State of, on the	(day of	, 20	
				(month)	(year)	
		Signature of authorized agent of cor	ntractin	g business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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: 2024-1139374		
	LMG Sales, Inc		2024	1103074		
2	McAllen, TX United States			Filed: 5/2024		
2	Name of governmental entity or state agency that is a party to the co being filed.	ontract for which the form is	03/20	0/2024		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided to	or state agency to track or identify under the contract.	the co	ontract, and prov	vide a	
	01-24-SP07-283 SUPPLY CONTRACT FOR THE PURCHASE AND DELIVERY O	OF LUBRICANTS				
4	Name of International Party			Nature of		
	Name of Interested Party Cit	ity, State, Country (place of busine	ss)	(check ap		
				Controlling	Intermediary	
74.130						
-			-			
			-			
			_			
			_			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			, ,		
	My name is Lupl Garza	, and my date of b	irth is	12/23/1	970	
	My address is 2518 West Mile 10 North (street)	. Weslaco . lex (sta	'&\$. te)	78599 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County, Sta	tate of \exps., on the 2	26 d	ay of March (month)	, 20 _24 (year)	
			anti	husings satis	-	
	Si	signature of authorized agent of contribution (Declarant)	acting	business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ERTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's plac		rtificate Number: 24-1139536	
	Andale Construction, Inc.				
	Wichita, KS United States			te Filed: /27/2024	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	s 103	12112024	
	City of McAllen, TX			te Acknowledged:	
				/27/2024	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the provided the identification number used by the governmental entire description of the services, goods, or other property to be provided to the provided the identification number used by the governmental entire description of the services, goods, or other property to be provided to the provided to the governmental entire description of the services.		dentify the	contract, and prov	vide a
	Project # 03-24-C13-01				
	High Density Mineral Bond Pavement Preservation				
4				Nature of	
	Name of Interested Party	City, State, Country (place of	business)	` 	
				Controlling	Intermediary
					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my c	date of birth	ı is	
	My address is(street)	(city)	, (state)	,(zip code)	
	(street)	(City)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of, o	on the	day of	, 20
				(month)	
		Signature of authorized agent		ing business entity	
		(Declaran		-	

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	the state of the
1	Name of business entity filing form, and the city, state and country of the busin of business.		Certificate Number: 2024-1139536	0
	Andale Construction, Inc.		2024-1100000	
	Wichita, KS United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the contract for		03/27/2024	
	being filed.	Willow the form is		
	City of McAllen, TX		Date Acknowledged:	11
3	Provide the identification number used by the governmental entity or state age description of the services, goods, or other property to be provided under the	ncy to track or identify to contract.	the contract, and prov	vide a
	Project # 03-24-C13-01			
	High Density Mineral Bond Pavement Preservation			
_				
4			Nature of	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	Name of Interested Party City, State, C	country (place of busine		plicable)
_			Controlling	Intermediary
		yli da a a a a a a a a a a a a a a a a a a		
_				
5	Check only if there is NO Interested Party.			
3	UNSWORN DECLARATION			
	My name is Jackie Bearden	, and my date of bir	orth is 07/10/1965	
	My address is 3170 N Ohio St Wichita		sas 67219	USA
	HEN _ LAN	(city) (state		(country)
	I declare under penalty of perjury that the foregoing is true and correct.			
	Executed in Sedgwick County, State of Kar	isas, on the 2	7th. March	24
	County, State of County	, on the	(month)	_, 20 <u>24</u> . (year)
)		
	- Jocky D	raid	ZONE TO BE THE REAL PROPERTY.	
	Signature of a	authorized 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.		CEI	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1144616		
	C & A Builders			7 11-1-010		
	San Benito, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	04/1	.0/2024		
	being filed. City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		ntify the c	ontract, and prov	vide a	
	PROJECT NO. 01-24-C08-531 2019 DRAINAGE PROJECTS-NORTH MAIN ST & JAY AV	/ENUE DRAINAGE IMPROVEME	NTS			
_		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	oplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Cesar Anguiano	, and my dat	e of birth is	_s <u>5/20/1971</u>		
	My address is 420 Jay Street	San Benito	TX,	78586	US	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr					
	Executed in Cameron Cou	unty, State of Texas, on	the 10th	day of April (month)	, 20 <u>24</u> (year)	
			•	()	<i>\(\frac{1}{2} = \frac{1}{2} \)</i>	
		Signature of authorized agent of	contractin	g business entity		
		(Declarant)				

FORM **1295**

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1144616		
	C & A Builders		2027	1-1144010	
	San Benito, 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	04/10	0/2024	
	being filed.			* - l seed admode	
	City of McAllen			Acknowledged: 0/2024	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		/ the co	ontract, and prov	/ide a
	PROJECT NO. 01-24-C08-531				
	2019 DRAINAGE PROJECTS-NORTH MAIN ST & JAY AVEN	NUE DRAINAGE IMPROVEMENTS	3		
4	1			Nature of	interest
•	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	plicable)
				Controlling	Intermediary
L					
_					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	3	·
	My address is				
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	xt.			
	Executed inCounty	y, State of, on the	(
				(month)	(year)
		Signature of authorized agent of con (Declarant)	ıtractin	g business entity	

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	of least and			Certificate Number: 2024-1144586		
	San Antonio, TX United States		D	ate Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	4/10/2024				
	City of McAllen	Date A 04/10/				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided			e contract, and pro	vide a	
	PROJECT NO. 04-24-P50-01 Purchase and Installation of Office Furniture for Finance Departments	artment				
4	Name of Interested Party	City, State, Country ((place of busines		f interest oplicable)	
				Controlling	Intermediary	
SI	nook, Butch	San Antonio, TX U	Inited States	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of bird	th is	·	
	My address is				.,	
	(street)	(city)	(state) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	y, State of	, on the	day of (month)	, 20 (year)	
				,	,	
		Signature of authoriz	ed agent of contract(Declarant)	cting business entity		

						1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	s.		CE	OFFICE USE		
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. Gateway Printing & Office Supply, Inc. San Antonio, TX United States 				Certificate Number: 2024-1144586 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 O4/10 Date A						
3	Provide the identification number used by the government description of the services, goods, or other property to be PROJECT NO. 04-24-P50-01 Purchase and Installation of Office Furniture for Finance	provided under the		or identify the c	ontract, and prov	vide a	
4	Name of Interested Party	City, State,	Country (place	e of business)	Nature of (check ap Controlling		
SI	nook, Butch	San Anto	nio, TX United	States	X	memediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Butch SHook		, and n	ny date of birth i	s_10/18/1968	<u> </u>	
	My address is 1403 Bulverde Rd	, San	Antonio	,, , (state)		, <u>USA</u> .	
	(street)		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and Executed in		Texas	, on the	day of April	, 20 ²⁴	
		<i>y.</i>			(month)	(year)	
			B. Sh	work			
		Signature o	of authorized ag (Decla		ng business entity		

FORM 1295

to Visit and a portion			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			
L	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2024-1145126		
	of business. 365 Builders LLC	***	2021	11.0111	0.0	
	Mission, TX United States	=	Date F	iled:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	04/10/2024			
_	being filed.		Date Acknowledged:			
	City of McAllen		Date	Olinoviiougoui		
		ex state agency to track or identify	the co	ntract, and prov	ride a	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	of state agency to track of identity	1110 00	intraot, and pro-		
	02-24-C09-595					
	Quinta Mazatlan Wall Repairs					
				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busin	ness) (check applicable)			
	Name of interested fairly		Ì	Controlling	Intermediary	
_						
					2	
H						
r						
H				L		
1	6 Check only if there is NO Interested Party.					
1	6 UNSWORN DECLARATION				15	
1	Tara Online la Malela	mda	ا مالسنط 4	12/20	FFPIL	
-	My name is 3050 Galberto Maldonado, and my date of birth is 12/20/1977					
	My address is 2108 w Griffin Pkwy, Mission, Tx, 78572, U.S.					
COMMENSAGE	My address is 2106 40 C1114+111 1 R409 (street)	(city)	(state)	(zip code)	(country)	
	longory	\$1 B				
	I declare under penalty of perjury that the foregoing is true and correct.					
		y, State of Texas, on th	Olio	day of Anr	91,2024	
-	Executed in Hidalgo Count	y, State of NCXCY, on the	c yı 🛥	day or property (month	n) (year)	
	Λ	110,	۸ »		Л	
	May Dulante mollalado de					
	Signature of authorized agent of contracting business entity					
	(Declarant)					
				Maraian	1/2 E 1 Eh2Ed0	

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 the business entity's place of business.			Certificate Number: 2024-1145126			
	365 Builders LLC	2022					
	Mission, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	04/1	10/2024			
	being filed.						
	City of McAllen	Date <i>A</i> 04/11					
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.	ity or state agency to track or identified under the contract.	ntify the contract, and provide a				
	02-24-C09-595						
	Quinta Mazatlan Wall Repairs						
4	ı			Nature of	f interest		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
				Controlling	Intermediary		
	-						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date c	f birth is	s			
	My address is(street)	(city) (state)	(zip code)	(country)		
	I declare under populty of parium, that the forces is the second of the						
	I declare under penalty of perjury that the foregoing is true and correc	л.					
	Executed inCounty	y, State of, on the	·				
				(month)	(year)		
		Signature of authorized agent of co	ntractin	g business entity			
		(Declarant)		,			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number:				
	Doggett Freightliner of South Texas, LLC DBA Freightliner of A	2022	4-1145380				
	Houston, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	04/1	04/11/2024				
	City of McAllen			Date Acknowledged:			
			04/12/2024				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		fy the c	ontract, and prov	/ide a		
	Project No. 02-24-P41-01						
	TRUCK PARTS & SERVICES						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	pplicable) Intermediary		
				Controlling	intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is, and my date of birth is						
	My address is						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	rt.					
	Executed inCounty	y, State of, on the	э	day of			
				(month)	(year)		
		Circumstant of the first transfer		and the control of th			
		Signature of authorized agent of co (Declarant)	nınactın	ig business entity			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and c of business.	ce Certi	Certificate Number:					
	Doggett Freightliner of South Texas, LLC DBA Freightliner of Austin			2024-1145380				
2	Houston, TX United States				Date Filed: 04/11/2024			
2	being filed.	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	of McAllen						
3	Provide the identification number used by the governmental description of the services, goods, or other property to be property to be provided in the control of the services.		dentify the c	ontract, and pro	vide a			
	Project No. 02-24-P41-01							
	TRUCK PARTS & SERVICES							
4	Name of Interested Davis	City State Country (place	f husiness)	Nature of interest				
	Name of Interested Party	City, State, Country (place o	i business)	Controlling	pplicable) Intermediary			
		-						
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Dustin Smith , and my date of birth is 04/11/2024							
	My address is 6206 Riverchase Glen Dr	Kingwood	TX	77345	USA			
	(street)	(city)	,, (state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and co	orrect.						
	Executed in HarrisCo	ounty, State of Texas	on the 11	day of 04	, 20 24 .			
		· · · · · · · · · · · · · · · · · · ·		(month)				
)				
		Signature of authorized agen	of contraction	na husiness entity				
		Signature of authorized agent (Declarar		g business citilly				

_					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: 2024-1145932			
	SILSBEE FORD SILSBEE, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			04/12/2024			
being filed. CITY OF MCALLEN				Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	PROJECT NO. 02-24-P39-01 FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP						
4	Name of Interested Posts	City State Country (place of busin	>	Nature of			
	Name of Interested Party	City, State, Country (place of business)		(check ap	Intermediary		
D	DNALSON , DREW	SILSBEE, TX United States		×			
5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION		<	_/.	1-0		
	My name is H. Sky Hngelle	, and my date of t	oirth is _	9/20	0/58		
	My address is 1211 U.S. August	(city) (sta	ate)	77656 (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct			4	24		
	Executed inCounty	/, State of, on the	day	y of(month)	, 2 0) . (year)		
		L HOLD	new	Di			
		Signature of authorized agent of cont (Declarant)	racting b	usiness entity			

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1145932			
	SILSBEE FORD						
	SILSBEE, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	04/12/2024					
	CITY OF MCALLEN		Date Acknowledged: 04/15/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		y the c	ontract, and prov	ride a		
	PROJECT NO. 02-24-P39-01 FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP						
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	plicable)		
			Controlling Intermed				
D	ONALSON , DREW	SILSBEE, TX United States		X			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	f birth is	s			
	My address is(street)			(2	,		
	, ,		state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc						
	Executed inCounty	y, State of, on the		_day of (month)	, 20 (year)		
				(monul)	(year)		
		Signature of authorized agent of con (Declarant)	ntractin	ng business entity			