Γ	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested partles. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partles.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business. AgPro Companys Weslaco, TX United States	try of the business entity's place	2018	ficate Number: 3-300990 Filed:	
2	Name of governmental entity or state agency that is a party to the being filed. City of Mcallen	e contract for which the form is		)/2018 Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 01-17-P01-01 Equipment This SuperSeeals	ed under the contract.	-	784D	
4	Name of Interested Party	City, State, Country (place of bus	iness)		l interest plicable) Intermediary
	Check only if there is NO Interested Party.			£	
	INSWORN DECLARATION	and my date of	f birth is_	10-51-	76
ł	Ay address is 2000 E EXPY 83	<u>(clip)</u>	<u>78</u> ,,,	78.596 . (zip code)	<u>V.S</u> . (country)
	declare under penalty of perjury that the foregoing is true and correct.	State of <u>FEXC-S</u> , on the	$\square$	iy of <u>Fen</u> (month) business entity	_, 20 <u>_/8</u> . (year)
017	ns provided by Texas Ethics Commission www.ethi	(Declarant)		Vere	ion V1.0.3331

	CERTIFICATE OF INTERESTED	PART	TIES				FOR	м 1295
	·							1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	ties,					FFICE USE	è only I of filing
1	Name of business entity filing form, and the city, state as of business. AgPro Companys Weslaco, TX United States	2				Certifica 2018-30 Date Fil		
2		rty to the	contract for	which the for		01/10/2018 Date Acknowledged: 01/11/2018		
3	Provide the identification number used by the governme description of the services, goods, or other property to b 01-17-P01-01 Equipment	ntal entity e provide	y or state age ed under the	ncy to track e contract.	or identify t	he cont	ract, and prov	vide a
		n				· · · · ·	Nature of	f interest
4	Name of Interested Party		City, State, C	country (place	of busines	ss)	(check ap	oplicable)
							Controlling	Intermediary
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION	i	<u></u>					
	My name is			, and m	ly date of bir	th is		
	My address is		1	(city)	,(state	1 ;)	(zip code)	, (country)
	I declare under penalty of perjury that the foregoing is true an				·			
			A				,	00
	Executed in	_County,	State of		_, on the	day	or(month)	, 20 (year)
			Signature of	authorized age (Decla		cting bu	siness entity	
Fo	ms provided by Texas Ethics Commission v	ww.ethic	cs.state.tx.us	3			Vers	sion V1.0.3337

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	CERTIFICATE OF INTERESTED PAR	RTIES		FOR	ам <b>1295</b>
					1 of 1
ſ	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
1	Name of business entity filing form, and the city, state and cou of business. Central Air and Heating Service, Inc.	untry of the business entity's place	1	licate Number: -283370	
5	HARLINGEN, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is	Date I 11/13	Filed: 3/2017	
	being filed. City of McAllen	the contract for which the joint is		Acknowledged:	:
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 11-17-C05-273 MDF Room Renovation-Liebert CRAC System Replacement	vided under the contract.	y the co	ntract, and pro	vide a
4		1	· · · · · ·	Nature o	f Interest
Γ	Name of Interested Party	City, State, Country (place of busin	ess) (check applie		oplicable)
				Controlling	Intermediary
L					
5	Check only if there is NO Interested Party.		1		
6	AFFIDAVIT Iswear, o DIANE HARWELL Notary Public, Stole of Texas Comm. Expires 03-20-2020 Notary ID 126454620	or affirm, under penalty of perjury, that the Signature of authorized agent of cont			and correct.
	AFFIX NOTARY STAMP / SEAL, ABOVE ADJAMM HAMMELL Sworn to and subscribed before me, by the seid <u>FRAAK</u> 20, to certify which, witness my hand and seal of office.	Matz, this the	3H	day of	vember.
	De FRANK	MATZ	PR	ESIDENT	
ŀ	Signature of officer administering oath Printed name o	f officer administering oath Ti	itle of of	ficer administeri	ng oath
Fo	ms provided by Texas Ethics Commission www.e	thics.state.tx.us		Vers	sion V1,0.3337

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ſ	CERTIFICATE OF INTERESTED PAR	RTIES	FORM 1295
L			1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2017-283370
	Central Air and Heating Service, Inc. HARLINGEN, TX United States	Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	11/13/2017
	City of McAllen		Date Acknowledged: 12/20/2017
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	lity or state agency to track or identify ded under the contract.	the contract, and provide a
	11-17-C05-273 MDF Room Renovation-Liebert CRAC System Replacement	(RE-BID)	
4	Name of Interested Party	City, State, Country (place of busine	Nature of interest (check applicable)

		Controlling	Intermedia
		í i	
	and my date of birth is	·	
-			
/	iiiiii	(zla code)	(country)
(City)	(state)	(zip codo)	feoonay
ect.			
ity, State of	, on thec	lay of	20
		(month)	(year)
Signature of authori	zed agent of contracting (Declarant)	) business entity	
		,,,,,,	(clty) (state) (zip code)

CERTIFICATE OF INTERESTED	PARTIES		FOR	м <b>1295</b>		
				1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	ties.	CEF	OFFICE USE ONLY CERTIFICATION OF FILIN			
<ol> <li>Name of business entity filing form, and the city, state an of business.</li> <li>Doggett Heavy Machinery</li> </ol>	nd country of the business entity's place	Certificate Number; 2018-299362				
San Juan, TX United States 2 Name of governmental entity or state agency that is a pa	rty to the contract for which the form is		Date Filed: 01/08/2018			
being filed. City of McAllen		Date	Acknowledged			
<ul> <li>Provide the identification number used by the governme description of the services, goods, or other property to b</li> <li>12-17-P06-01.</li> <li>Backhoe Loader</li> </ul>	ntal entity or state agency to track or identif se provided under the contract.	y the co	ontract, and pro	vide a		
4				f interest oplicable)		
Name of Interested Party	City, State, Country (place of busin	ness)	Controlling	Intermediary		
Doggett Heavy Machinery	San Juan, TX United States		x			
				·		
			<u></u>			
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION My name is ANDRES RAMOS I	L, and my date of	birth is	9-19-1	<u>15B</u>		
My address is 3302 PETICAN LAKE (street)	EDINBUTG 7					
I declare under penalty of perjury that the foregoing is true an	id correct.	ß	)	y ip		
EXPRECENTED 40	_County, State of <u>(@/4+ 5</u> , on the	<u>1</u> _d	ay of <u>JHHUI</u> (month)	<u>+1/20</u> 172 (year)		
TTY OF MCALLEN	_county, state of <u>TEXAS</u> , on the		- ''	·		
JAN 0.8 2018	HULUES MULT IN Signature of authorized agent of com (Declarant)					
	www.ethics.state.tx.us		Ver	sion V1.0.333		
3Y:						

1				101		
					1 of 1	
C C	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested p	arties.	CE	OFFICE US	1.1	
o	ame of business entity filing form, and the city, state f business.	and country of the business e		Certificate Number; 2018-299362		
S	oggett Heavy Machinery an Juan, TX United States ame of governmental entity or state agency that is a p	party to the contract for which		Date Filed: 01/08/2018		
be	eing filed. ity of McAllen		Date	Acknowledged	:	
α de 12	rovide the identification number used by the governm ascription of the services, goods, or other property to 2-17-P06-01 ackhoe Loader	nental entity or state agency to b be provided under the contract	track or identify the c	contract, and pro	vide a	
				Nature o	of interest	
4	Name of Interested Party	City, State, Country	(place of business)		pplicable)	
				Controlling	Intermediary	
Dogg	lett Heavy Machinery	San Juan, TX Un	ited States	x		
	ngenne y to hele					
					<u> </u>	
5 Ch	eck only if there is NO Interested Party.					
6 UN	SWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·				
Му	name is	λ	and my date of birth is			
My	address is(street)	r(city)	''''''''''''''''''''''''	(zip code)	(country)	
I de	eclare under penalty of perjury that the foregoing is true a	and correct.				
	ecuted in		, on thed	ay of	_, 20	
				(month)	(year)	
	-		ed agent of contracting (Declarant)	business entity		

CERTIFICATE OF INTERESTED PA	ARTIES		
		FO	RM 1295
Complete Nos. 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	SE ONLY
<ol> <li>Name of business entity filing form, and the city, state and co of business.</li> <li>Robert W. Baird &amp; Co Incorporated Red Bank, NJ United States</li> </ol>	ountry of the business entity's place	Certificate Number 2018-304238 Date Filed:	
	MCALLEN, TEXAS Date		
Provide the identification number used by the governmental description of the services, goods, or other property to be pr Comb Tax & Rev COs 2018 bid for Comb Tax & Rev COs 2018	entity or state agency to track or identify ovided under the contract.	y the contract, and pr	ovide a
4 Name of Interested Party	City, State, Country (place of busin		of interest upplicable)
Purcell, Paul	Milwaukee, WI United States	X	1
Booth, Steve	Milwaukee, WI United States	x	
McDonagh, Brian	Chicago, IL United States	x	
Mahler, Bill	Milwaukee, WI United States	X	
Schroeder, Mike	Milwaukee, WI United States	x	
Stanek, Mary Ellen	Milwaukee, WI United States	X	
Doyle, Brian	Chicago, IL United States	x	
Lawton, Pat	Milwaukee, WI United States	x	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION My name is Charles MASSARU	, and my date of t	birth is	963
My address is 1 HARDING 2D. Fe (street)	(city) Red Bank, N	1 <u>5</u> 07701 (zip code)	Manouth (country)
I declare under penalty of perjury that the foregoing is true and corr Executed in <u>MOMMOUTH</u> Court	rect. nty, State of <u>New Frisey</u> , on the <u>Frisey</u> , on the <u>Signature of authorized agent of contract</u>	(month)	_, 20 <u>18</u> . (year)
	(Declarant)	acang positiess citility	

#### FORM 1295

1 of 1

Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	ies.		OFFICE USE RTIFICATION	
<ol> <li>Name of business entity filing form, and the city, state an of business.</li> </ol>	d country of the business entity's place		ficate Number: 8-304238	
Robert W. Baird & Co Incorporated				
Red Bank, NJ United States			Filed:	
<ol> <li>Name of governmental entity or state agency that is a par being filed.</li> </ol>	ty to the contract for which the form is	01/22	2/2018	
CITY OF MCALLEN, TEXAS			Acknowledged: 3/2018	
3 Provide the identification number used by the government description of the services, goods, or other property to be		y the co	ontract, and prov	/ide a
Comb Tax & Rev COs 2018 bid for Comb Tax & Rev COs 2018				
4			Nature of	
A Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	· ·
			Controlling	Intermediary
Purcell, Paul	Milwaukee, WI United States		х	
Booth, Steve	Milwaukee, WI United States		x	
McDonagh, Brian	Chicago, IL United States		x	
Mahler, Bill	Milwaukee, WI United States		х	
Schroeder, Mike	Milwaukee, WI United States		х	
Stanek, Mary Ellen	Milwaukee, WI United States		х	
Doyle, Brian	Chicago, IL United States		х	
Lawton, Pat	Milwaukee, WI United States		x	
				mmann + +/
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	, and my date of	birth is		
My address is		,,	(zip code)	(country)
		lacy	(zip oode)	(country)
I declare under penalty of perjury that the foregoing is true and	d correct.			
Executed in	_County, State of, on the	d	ay of	_, 20
			(month)	(year)
_	Signature of authorized agent of cor (Declarant)	ntracting	l business entity	
	where state to the			ion 1/1 0 000

	,				
CERTIFICATE OF INTERESTED PAR	RTIES	FOI	км <b>1295</b>		
			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 partles.		OFFICE USE ONLY CERTIFICATION OF FILING			
<ol> <li>Name of business entity filing form, and the city, state and cour of business. Raba Kistner, Inc.</li> </ol>	of business. Raba Kistner, Inc.				
San Antonio, TX United States Name of governmental entity or state agency that is a party to the being filed.	Date Filed: 09/13/2017				
City of McAllen		Date Acknowledged	:		
<ul> <li>Provide the Identification number used by the governmental end description of the services, goods, or other property to be provi 09-17-S49-361.</li> <li>Geotechnical Engineering Services and Construction Materia</li> </ul>	ided under the contract.	the contract, and pro	ovide a		
	1	Nature o	of Interest		
4 Name of Interested Party	City, State, Country (place of busine		pplicable)		
Raba, Gary W.	San Antonio, TX United States	Controlling X	Intermediary		
Raba, William L. San Antonio, TX United		×			
	•••••				
-	······································				
5 Check only if there Is NO Interested Party.					
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the s	above disclosure is true	and correct.		
ROSIE OLEARY Notary Public, State of Texas Comm. Expires 07-05-2020 Notary ID 12017765	Comm. Expires 07-05-2020				
AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said	sworn to and subscribed before me, by the said				
Rosi Signature of officer administering oath Printed name of o	Thean K	)SHAM le of officer administeri	ng oalh		

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Forms provided by Texas Ethics Commission

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Version V1.0.3337

FORM 1295

1 of 1

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Complete Nos. 1 - 4 and 6 if there are Complete Nos. 1, 2, 3, 5, and 6 if ther	Interested parties. e are no interested parties.			ŧ	FICE USE	E ONLY OF FILING
1 Name of business entity filing form of business.		ntry of the business ei	ntity's place	Certificate Number: 2017-260297		
Raba Kistner, Inc.				LOLIVEOU	201	
San Antonio, TX United States				Date Filed	l:	
2 Name of governmental entity or sta	te agency that is a party to t	he contract for which	the form is	09/13/20:	17	
being filed,				Data Ackr	rowledged:	
City of McAllen				01/23/20:		
		174	the street interval			uida o
3 Provide the identification number u description of the services, goods,	sed by the governmental en or other property to be prov	ided under the contrac	track of identify st.	the contra	ci, anu prov	лое а
09-17-S49-361		ni Ta silu a				-
Geotechnical Engineering Service	es and Construction Materi	aresung				
A					Nature of	Interest
4 Name of Intereste	d Party	City, State, Country	(place of busine		(check ap	
· · · · · · · · · · · · · · · · · · ·			<u> </u>	Co	ntrolling	Intermediary
Raba, William L.		San Antonio, TX I	United States	×		
Raba, Gary W.		San Antonio, TX	United States	x		
and the second	<u></u>					
5 Check only if there is NO Interested	Party.					
6 UNSWORN DECLARATION						
My name is			and my date of b	irth is		
My address is						*
(1	streel)	(city)	(sla	te) (z	ip code)	(country)
I declare under penalty of perjury that t	he foregoing is true and corre	ct.				
Executed in	Coun	ty, State of	, on the	day of		_, 20
					(monih)	(year)
	<u> </u>	Signature of authoriz	zed agent of contr (Declarant)	acting busi	ness entity	
Forms provided by Toyas Ethics Com	minaion unist of	biag state tr up	тоднану		Marc	ion V1.0.3337

	CERTIFICATE OF INTERESTED	D PARTIES		FOF	RM <b>1295</b>
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	parties.	CE	OFFICE US	E ONLY N OF FILING
1	of business. CASA of Hidalgo County, Inc. Edinburg, TX United States		2017 Date	ficate Number: '-264506 Filed: 2/201,7	
2	Name of governmental entity or state agency that is a being filed. City of McAllen	party to the contract for which the form is		Acknowledged	:
3	Provide the identification number used by the governi description of the services, goods, or other property t B-17-MC-48-0506 Servicing the children in the foster care system	mental entity or state agency to track or ident to be provided under the contract.	fy the c	ontract, and pro	vide a
1	Name of Interested Party	City, State, Country (place of bus	iness)	(check a	of interest pplicable)
				Controlling	Intermediary
	<u></u>				
r					
	Check only if there is NO Interested Party.				·
	My name is hupe Silva	, and my date o	f birth is	11/12/14	15
	My address is 1001 So. 10th Ave		K_,_	<u>18539</u>	, Hidalgo
	) declare under penalty of perjury that the foregoing is true		51010)	(zip code)	(country)
	Executed in	County, State of TEXAS, on the	d	ay of month	1040 18 10 18
	JULIE ANN CARCANO Notary Public, State of Texas My Commission Expires	Jape Al	va		
	December 16, 2018	(Signature of authorized agent of co (Declarant)	ntracting	business entity	

#### FORM 1295

Ĺ							1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	arties.			CE	OFFICE US		
1						Certificate Number:		
	of business.		,			7-264506		
	CASA of Hidalgo County, Inc.				L .			
	Edinburg, TX United States					Filed: 2/2017		
2	Name of governmental entity or state agency that is a j being filed,	party to th	e contract for which	i the form is	03/2.			
	City of McAllen					Acknowledged:		
					01/2:	2/2018		
3	Provide the identification number used by the governm description of the services, goods, or other property to	nental enti b be provid	ly or state agency to led under the contra	o track or identify act.	the co	ontract, and pro	vide a	
	B-17-MC-48-0506							
	Servicing the children in the foster care system							
_	· · · · · · · · · · · · · · · · · · ·		·····			Nature of	f interest	
4	Name of Interested Party	ł	City, State, Countr	y (place of busin	ess)	(check ap	plicable)	
						Controlling	Intermediary	
	<u>,</u>		1.	<u>.</u>				
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	······			<u> </u>				
				,				
							••••••••••••••••••••••••••••••••••••••	
5	Check only if there is NO Interested Party.							
6 I	JNSWORN DECLARATION							
1	ly name is			, and my date of b	irth is .		······································	
,	/y address is							
1	/y address is			· (sta	' te)	(zip code)	{country}	
	· · /							
	declare under penalty of perjury that the foregoing is true a	and correct.						
	Executed in	County	State of	on the	م آم	ev of	20	
	-xeculeu ID	County,		, on ale	u	ay or (month)	, 20 (year)	
			Signature of authori	ized agent of contr (Declarant)	acting	business entity		
orr	ns provided by Texas Ethics Commission	www.ethi	cs.state.tx.us	-		Vers	ion V1.0.3337	
211	a provision of a state contrational							

CERTIFICATE OF INTERESTED P	ARTIES		FO	RM 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partles	S.	CE	OFFICE US	
Name of business entity filing form, and the city, state and of business. Easter Seals Rio Grande Valley.	country of the business entity's place		ificate Number: 7-260757	
McAllen, TX United States Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	1 ·	Filed: .4/2017	
McAllen CDBG		Date	Acknowledged	:
Provide the identification number used by the governmenta description of the services, goods, or other property to be p B-17-MC-48-0506 Provide rehabilitation therapy services	I entity or state agency to track or ident provided under the contract.	lfy the c	ontract, and pro	ovide a
Name of Interested Party	City, State, Country (place of bus	iness)	(check a	of interest pplicable)
			Controlling	Intermediar
····				
- ·				
	<u></u>			
·				
· · · · · · · · · · · · · · · · · · ·				
Check only if there is NO interested Party.				
JNSWORN DECLARATION				<u></u>
Ay name is <u>PATRICIA DOSENILLANI</u>				•
Ny address is <u>3505 Los Taditos Park</u> (street) WORL: Easterseals RGV 1217 W. Huy	Creases MISSION T	X_,_ tate)	78572 (zip code)	<u>(country</u> )
decisite ningel heritary of heritary that the totefloand is note and con	neu.			
executed in <u>Hidrigdo</u> Con	unty, State of <u><i>Texas</i></u> , on the	<u>4</u> _da	y of <u>CRAA</u> (nonin)	, 20 <u>/ 5</u> . (year)
1	Varine Rossen	her		
1	Signature of authorized agent of con (Declarant)	tracting b	usiness entity	•

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CERTIFICATE OF INTERESTED P 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			FOR	RM 129
Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested partie				1
Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested partie			OFFICE US	
			ERTIFICATION	
Name of business entity filing form, and the city, state and of business. Easter Seals Rio Grande Valley	l country of the business e		rtificate Number: 17-260757	
McAllen, TX United States Name of governmental entity or state agency that is a party being filed.	y to the contract for which		te Filed: /14/2017	
McAllen CDBG			te Acknowledged: /22/2018	1
Provide the identification number used by the government description of the services, goods, or other property to be B-17-MC-48-0506 Provide rehabilitation therapy services	al entity or state agency to provided under the contra	track or identify the ct.	contract, and pro	vide a
			1	f interest
Name of Interested Party	City, State, Country	/ (place of business)	(check ap Controlling	pplicable) Intermed
			Controlling	michiner
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······································			-	
······································				
		······································		
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name ls		and my date of birth	is	
My address is	······································	1	1	
My address is(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and c	correct.			
Executed inC	County, State of	, on the	_day of	
			(monih)	(year
	Signature of authoria	ed agent of contractin (Declarant)	ng business entity	

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	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м <b>1295</b>
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		СЕ	OFFICE USE RTIFICATION	
1	Name of business entity filing form, and the city, state and coun of business. McAllen Food Pantry Inc	try of the business entity's place	2017	ficate Number: 7-286187	
2	P.O. Box 5413 McAllen, TX United States Name of governmental entity or state agency that is a party to the being filed. McAllen Food Pantry Inc	e contract for which the form is	- 11/2	Filed: 0/2017 Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid B-16-MC-48-0506 Purchase raw foods	ity or state agency to track or identif decl under the contract.	y the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busi	ness)		f interest oplicable) Intermediary
				Contoinig	Internieurary
					Ann
5	Check only if there is NO Interested Party.	<u></u>			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct,
	ADOLFO TAPIA My Noting ID # 130585507 Expines March 16, 2020	Jo & gun Cau Signature of authorized agent of con	racting	business entity	
	Sworn to and subscribed before me, by the said $\frac{\text{JOA} \text{Q} \text{U}^{\text{W}}}{\text{I}^{\text{O}}}$ , to certify which, witness my hand and seal of office.	CAUAZOS, this the ADOLFO TAPIA My Notary ID N 1305855 Expires March 16, 2021	07	day of <u>PO</u>	vember;
	Bignature of officer administering oath Printed name of c	6 Y X K / Y	ille of o	fact littler administerin	ng oath
For	ns provided by Texas Ethics Commission www.eth	ics.state.tx.us		Vers	ion V1,0,333

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CERTIFICATE OF INTEREST	ED PARTIES		FO	RM <b>1295</b>
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Complete Nos, 1 - 4 and 6 if there are interested parti- Complete Nos. 1, 2, 3, 5, and 6 if there are no interest		CE	OFFICE US	
<ol> <li>Name of business entity filing form, and the city, s of business.</li> </ol>	state and country of the business entity's pl		tificate Number: 7-286187	
McAllen Food Pantry inc				
P.O. Box 5413 McAllen, TX United States 2 Name of governmental entity or state agency that i	is a party to the contract for which the form		e Filed: 20/2017	
being filed. McAllen Food Pantry Inc		Date	Acknowledged 9/2017	:
3 Provide the identification number used by the gove description of the services, goods, or other propert B-16-MC-48-0506 Purchase raw foods	ernmental entity or state agency to track or ty to be provided under the contract.	identify the c	ontract, and pro	ovide a
4			1	of interest
4 Name of Interested Party	City, State, Country (place o	of business)	(check a Controlling	pplicable) Intermediary
			controlling	internetialy
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Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is	and my d	ate of birth is		
My address is	,, _,, _	_,,,		
(street)	(cily)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is tru				
Executed in	County, State of, o	n theda	y of (month)	_, 20 (year)
	Signature of authorized agent of (Declarant)	of contracting I	ousiness entity	
orms provided by Texas Ethics Commission	www.ethics.state.tx.us	<u></u>	Versi	on V1,0,3337
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CERTIFICATE OF INTEREST	ED PARTIES		FOF	ам <b>1295</b>
				1 of 1
Complete Nos, 1 - 4 and 6 if there are interested parti Complete Nos, 1, 2, 3, 5, and 6 if there are no interes			OFFICE US	
· · · · · · · · · · · · · · · · · · ·	-			N OF FILIN
<ol> <li>Name of business entity filing form, and the city, s of business.</li> </ol>	state and country of the business entity's pla		tificate Number: .7-279945	
Catholic Charities of the Rio Grande Valley, Inc San Juan, TX United States		Det	e Filed:	
2 Name of governmental entity or state agency that	is a party to the contract for which the form		03/2017	
being filed.		Í	e Acknowledged	
City of McAllen			29/2017	•
3 Provide the identification number used by the gov description of the services, goods, or other proper B-17-MC-48-0506 Homeless Services	ernmental entity or state agency to track or rly to be provided under the contract.	dentify the o	contract, and pro	vide a
4				f interest
Name of Interested Party	City, State, Country (place o	f business)	(check a Controlling	pilcable) Intermedia
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5 Check only if there is NO interested Party.	]			
UNSWORN DECLARATION	, too open and to be to			
My name is	, and my d	ate of birth is	۱ <u></u>	
My address is				·*
(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is t	rue and correct.			
Executed in	County, State of, o	n the	lay of	_, 20
			(moalh)	(year)
	Signature of authorized agent (Declarant)	of contracting	) business enlity	
orms provided by Texas Ethics Commission	•		Vore	ion V1.0.333

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 USI RTIFICATION	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ificate Number: 7-279945	
	Catholic Charities of the Rio Grande Valley, Inc San Juan, TX United States	Date	Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is		3/2017	
	being filed. City of McAllen	Date	Acknowledged:	:
	Provide the identification number used by the governmental entity or state agency to track or iden	tify the c	ostract and pro	vide e
3	description of the services, goods, or other property to be provided under the contract.	my me c	oninaci, and pro	VILLE L
	B-17-MC-48-0506 Homeless Services			
			Nature o	f Interest
4	Name of Interested Party City, State, Country (place of bu	siness)		pplicable)
L			Controlling	Intermediary
			· · · · · · · · · · · · · · · · · · ·	· · · · ·
5	Check only if there is NO Interested Party.			
Ĝ	I swear, or affirm, under penalty of perjury, that	the above	e disclosure is tru	e and correct.
	AOSARIO S REYES My Commission Expires	1		
	My Commission Expires March 22, 2018	(		
	Signature of authorized agent of a	contractin	g business enlity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said <u>St. ////////////////////////////////////</u>	<u>311</u>		nemper .
	20, to certify which, witness my hand and seal of office,		(	
	Joan (Van, Rosaria Schine	9	10+ave	/
	Signature of officer administering oath Printed name of officer administering oath	Title of	officer administer	ing oath

Forms provided by Texas Ethics Commission

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Version V1.0.3337

CERTIFIC	ATE OF INTERESTED	PARTIES		FOR	м 1295
Complete Nos, 1 - 4	and 6 if there are interested parties.			OFFICE USI	ONLY
	3, 5, and 6 if there are no interested parentity filing form, and the city, state a	nties. and country of the business entity's place	Certific	TIFICATION até Number: 298316	I OF FILING
Amigos Del Valle Edinburg, TX Uni			Date Fi	led:	
Name of governme being filed. City of McAllen	ental entity or state agency that is a pa	arty to the contract for which the form is	01/03/2 Date A	2018 cknowledged:	
description of the B-17-MC-48-050	services, goods, or other property to t S	ental entity or state agency to track or identif be provided under the contract. nomebound elderly residents of McAllen	y the con	tract, and pro	vid <del>e</del> a
	1	City, State, Country (place of bush	10001		f interest oplicable)
۲	lame of Interested Party	city, state, country (place of busi		Controlling	Intermediar
· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·				
Check only if there	is NO Interested Party.				
UNSWORN DECLA	·····	Not where the Management of Management of the second second second second second second second second second se			
		. and my date of	birth is	Novemb	er 8,198
My address is	1509 W. 20th (street)	<u>, Mission</u> , <u>T</u> (city) (s	<u>[X</u> , lale)	72573 (zip code)	(country)
l declare under pena	Ity of perjury that the foregoing is true ar			_	
Executed in Hill	talgo	_County, State of, on the	<u>u</u> day	of Journal (month)	, 20 <u>\?</u> (year)
	ANITA JENNY Notary ID #129739662	Signature of authorized agent of com	tracting bi	usiness entity	
rms pro rided by T	March 7. 2022	(Declarant)		Ven	sion V1.0.33

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	CERTIFICATE OF INTERESTED	D PARTIES		FOF	ам <b>129</b> 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 p	parties.	CE	OFFICE US		
1	Name of business entity filing form, and the city, state of business. Amigos Del Valle, Inc.	e and country of the business entity's plac		ificate Number: 8-298316		
2	Edinburg, TX United States Name of governmental entity or state agency that is a being filed.	party to the contract for which the form is		Filed: 3/2018		
	City of McAllen		01/2	Acknowledged: 6/2018		
3	Provide the identification number used by the governmedescription of the services, goods, or other property to B-17-MC-48-0506 CDBG Funding to provide meal delivery services to	o be provided under the contract.		ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of business		(check a	f interest oplicable)	
_	· · · · · · · · · · · · · · · · · · ·			Controlling	Intermedi	
_						
5	Check only if there is NO Interested Party.					
6	JNSWORN DECLARATION					
My name is, and my date of birth is						
İ	My address is(street)	(city)	(state)	(zip code)	,(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in	County, State of, on	thed	ay of (month)	, 20 (year)	
		Signature of authorized agent of contracting business entity (Declarant)				

Complete Noc. 1 4 and 6 if there are interested parties.  Complete Noc. 1 4 and 6 if there are no interested parties.  I Name of business entity filing form, and the city, state and country of the business entity's pince C.A.M.P. University Modeller, TX United States  Provide dis identification number used by this is a party to the contract for which the form is being filing.  Provide dis identification number used by this governmental entity or state agency to tack or identify the contract, and provide a description of the services, goods, or other preperty to be provided under the contract.  Provide dis identification number used by this governmental entity or state agency to tack or identify the contract, and provide a description of the services, goods, or other preperty to be provided under the contract.  Provide dis identification number used by this governmental entity or state agency to tack or identify the contract, and provide a description of the services.  Provide dis identification number used by this governmental entity or state agency to tack or identify the contract, and provide a description of the services.  Provide dis identification for Special Needs Young Adults  Name of laterasted Party City, State, Cothety (place of business)  Nature of interest Controlling Internet Controlling Int	CERTIFICATE OF INTEREST	TED PARTIES		FOF	1295
Inverse of business entity filling form, and the oily, state and country of the business entity's place of business.       Continees.         CALMP, University McAllen, TX United States       Continess.         Previde the identitication number used by the governmental entity or state agency to track or identify the sontract, and provide a description of the services, goots, or other property to be provided under the contract.       Date Filed:         I Varied of Business entity       City, State, Country (place of business)       Nature of internet (control of business)         I varied for which is any cost, or other property to be provided under the contract.       Nature of internet (control of business)       Nature of internet (control of business)         I varied for which is any cost, or other property to be provided under the contract.       Nature of internet (control of business)       Nature of internet (control of internet (control of internet)         Sasser, Abble       McAllen, TX United States       X       Internet (control of internet)         Sasser, III, A. Ford       McAllen, TX United States       X       Internet)         Check only if there is NO Interested Party       I sensat, or affirm, under preasity of porfury, that the above disclosure is true and correct.         AFEDAVET       I sensat, or affirm, under preasity of porfury, that the above disclosure is true and correct.         AFEDAVET       I sensat, or affirm, under preasity of porfury, that the above disclosure is true and correct.         AFEDAVET <td>Complete Nos, 1 - 4 and 6 if there are interested part Complete Nos, 1, 2, 3, 5, and 6 if there are no interes</td> <td>ties. sted parties.</td> <td></td> <td></td> <td>EONLY</td>	Complete Nos, 1 - 4 and 6 if there are interested part Complete Nos, 1, 2, 3, 5, and 6 if there are no interes	ties. sted parties.			EONLY
McAllen, TX United States       Date Filed: 10/30/2017         I Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen CDBG       Date Acknowledged:         a Provide the Identification number used by the governmental entity or state agency to track or identify the contract, and provide a desorption of the services, goods, or other property to be provided under the contract.       Name of interest.         B-17-MC-0508       Name of Interested Party       City, State, Country (place of business)       Nature of interest. (after a spin-anito)         Sasser, Abble       McAllen, TX United States       X       Internetify asser, Abble         chick applicative       McAllen, TX United States       X         chick only if there is NO Interested Party.       Internetify the above disclosure is true and correct.         AFEDAWT       I swear, or affirm, under penalty of porfury, that the above disclosure is true and correct.         AFEDAWT       I swear, or affirm, under penalty of porfury, that the above disclosure is true and correct.         AFEX NOTARY STAMP / SEAL ABOVE       Signature of automoted agont of contracting business entity applications of contracting business entity.         Call A	of business.	state and country of the business entity's place			
City of McAllon CDBG     Date Acknowledged:       3     Provide the identification number used by the governmental emity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.       B-17-Mc-0606     Day Habilitation for Special Needs Young Adults       Amme of Interested Party     City, State, Country (place of business)       Image: Contracting the provided under the contract.     Nature of Interest (check applicable)       Sasser, Abble     McAllen, TX United States     X       Sasser, III, A. Ford     McAllen, TX United States     X       Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       AFFIDAVIT     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       AFFIDAVIT     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       AFFIDAVIT     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       AFFIDAVIT     Image: Check only If there is NO Interested Party     Image: Check only If there is NO Interested Party       AFFIDAVIT     Image: Check only If there is NO Interested Party     Image: Chec	McAllen, TX United States 2 Name of governmental entity or state agency that	is a party to the contract for which the form is			
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Arrive of Interested Party       City, State, Country (place of business)       (check applicable)         Sasser, Abbie       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       Internetion       Internetion         Check only If there is NO Interested Party.       Internetion       Internetion         AFFIDAVIT       Iswear, or affirm, under penalty of perfury, that the above disclosure is true and correct.         AFFIDAVIT       Iswear, or affirm, under penalty of perfury, that the above disclosure is true and correct.	description of the services, goods, or other prope B-17-MC-0506	erty to be provided under the contract.	ly the cor	atract, and pro	wide a
Name of Interseted Party       City, State, Country (Inter of Judaness)         Sasser, Abbie       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       McAllen, TX United States       X         Sasser, III, A. Ford       Internetion       Internetion         Check only II there is NO Interested Party.       Internetion       Internetion         AFHDAVIT       I swear, or affirm, under penalty of perfury, that the above disclosure is true and correct.       Application of authorized agent of contracting business enfly         AFEX NOTARY STAMP / SEAL ABOVE       Signature of authorized agent of contracting business enfly       Celleen Treevino         Soron to and subscribed before me, by the said       Particleen VOSS       Wite the got of averagenetic statestapacont					
Sasser, Abbie McAllen, TX United States X Sasser, Abbie McAllen, TX United States X Sasser, III, A. Ford McAllen, The State of States III  States III States III States III States III States III States IIII  States IIII States IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII	Name of Interested Party	City, State, Country (place of busi			
AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said Parteta VOSS this the	Sasser, Abbie	McAllen, TX United States			interification y
AFFIDAVIT I swear, or affirm, under penalty of perfury, that the above disclosure is true and correct.  AFFIDAVIT  I swear, or affirm, under penalty of perfury, that the above disclosure is true and correct.  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Parmeta Voss this the day of	Sasser, III, A. Ford	McAllen, TX United States		х	
AFFIDAVIT I swear, or affirm, under penalty of perfury, that the above disclosure is true and correct.					
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Pameta VOSS</u> this the <u>BOM</u> day of <u>October</u> , 2017, to certify which, witness my hand and seal of office. CELLEEN TREVINO My Notary 10 # 11300754 Explose June 3, 2019 CELLEEN TREVINO My Notary 10 # 11300754 Explose June 3, 2019 CELLEEN TREVINO My Notary 10 # 11300754 Explose June 3, 2019 CELLEEN TREVINO My Notary 10 # 11300754 Explose June 3, 2019	Check only if there is NO Interested Party.				*****
Sworn to and subscribed before me, by the said <u>Parmeta Voss</u> this the <u>30th</u> day of <u>October</u> , 2017, to certify which, witness my hand and seal of office. CEILEEN TREVINO My Notary ID # 11300754 Expires June 3, 2019 CEILEEN TREVINO My Notary ID # 11300754 Expires June 3, 2019	AFFIDAVIT	Pamela Vos	μ		and correct.
CELLON DWITTS C. ELEN TVEN MONTH State of State of		a la llaso	anth	<i>T</i> V	to all
	Sworn to and subscribed before me, by the said $\_$	eal of office.	y 10 # 1130	NO )0754	1-1. A
- Channel and the second se	Signature of officer administering oath	Acen IVENINO	otzory	Hade 2	ng oath

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Complete Nos. 1 - 4 and 6 if Complete Nos. 1, 2, 3, 5, and	there are interested partie	ed parties.	CEI	OFFICE USE		
1 Name of business entity filing form, and the city, state and country of the business entity's place				Certificate Number: 2017-277933		
of business. C.A.M.P. University			2011			
McAllen, TX United States				Filed:		
	ty or state agency that is	s a party to the contract for which the form is	- 10/3	0/2017		
being filed. City of McAllen CDBG				Acknowledged: 3/2018		
3 Provide the identification n description of the services,	umber used by the gove goods, or other proper	ernmental entity or state agency to track or iden ty to be provided under the contract.	tify the c	ontract, and pro	vide a	
B-17-MC-0506						
Day Habilitation for Speci	al Needs Young Adults			<u> </u>	<u>( )</u>	
4		City, State, Country (place of bu	siness)		f interest oplicable)	
Name of I	Interested Party	ory, state, obtaining (place of bas		Controlling	Intermediary	
Sasser, Abbie		McAllen, TX United States		x		
Sasser, III, A. Ford		McAllen, TX United States		х		
	, ,, ,,					
	<u>, </u>					
5 Check only if there is NO Ir	iterested Party.	1				
6 UNSWORN DECLARATION						
My name is		, and my date	of birth is	S		
My address is	(street)	,, (city)	(state)	(zlp code)	_, (country)	
I declare under penalty of pe	rjury that the foregoing is	true and correct.				
Executed in			he	day of	, 20	
				(month)	(year)	
	-	Signature of authorized agent of	contractio	na husiness entitu		
		(Declarant)	Junacur			
Forms provided by Texas Eth	lics Commission	www.ethics.state.tx.us		Ve	rsion V1,0.333	

CERTIFICATE OF INTERESTED P	ARTIES		FO	RM 1
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Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	,,		OFFICE U	
1 Name of business entity filing form, and the city, state and			RTIFICATIO	
of business. S&B Infrastructure, Ltd.			8-303392	-
Houston, TX United States			e Filed:	
2 Name of governmental entity or state agency that is a party being filed.	to the contract for which the form is	01/1	18/2018	
City of McAllen		Date	Acknowledge	d:
Provide the identification number used by the governmental description of the services, goods, or other property to be a N/A Dev. of Feasibility Study - Mission/Madero Reynosa Int'l	provided under the contract.	entify the c	contract, and pi	ovidė a
			Nature	of intere
4 Name of Interested Party	City, State, Country (place of t	iusiness)	(check	applicab
Rios, Danlel	McAllen, TX United States		Controlling X	Interi
Reddish, Haroid	Houston, TX United States		×	
				_
	**************************************			
· · ·				
			· ·	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is Daniel O, Rios	, and my date	e of birth is	09/12/19	62
My address is 104 E. Lark Ave.	. <u>McAllen</u> ,	<u> </u>	78504	<u>Us</u>
(street)	(city)	(ŝtatė)	(zip code)	(coun
I declare under penalty of perjury that the foregoing is true and co	prréct.			
Executed in Hidalgo co	ounty, State of <u>Texas</u> , on	the <u>18th d</u>	ay of Januar	-
Executed inO			(month)	(

CERTIFICATE OF INTERESTED P	ARTIES		FOI	RM <b>1295</b> 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 US	
<ol> <li>Name of business entity filing form, and the city, state and of business.</li> <li>S&amp;B Infrastructure, Ltd.</li> <li>Houston, TX United States</li> </ol>	country of the business entity's place	201	tificate Number; .8-303392 e Filed;	
2 Name of governmental entity or state agency that is a party being filed. City of McAllen	y to the contract for which the form is	Date	18/2018 9 Acknowledged 30/2018	:
3 Provide the identification number used by the governmental description of the services, goods, or other property to be N/A Dev. of Feasibility Study - Mission/Madero Reynosa Int'I	provided under the contract.	tify the d	contract, and pro	wîde a
4 Name of Interested Party	City, State, Country (place of bu	siness)	1	f interest oplicable) Intermediar
Rios, Daniel	McAllen, TX United States		X	Internioular
Reddish, Harold	Houston, TX United States		x	
· · · · · · · · · · · · · · · · · · ·				
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is	, and my date of	of birth is		
My address is (street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and c	orrect.			
Executed inC	ounty, State of, on thi	ed	ay of(month)	_, 20 (year)
	Signature of authorized agent of cc	viencijne	bucinooc online	

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	CERTIFICATE OF INTERESTED PA	ARTIES		FÖ	RM 1295
=	Complete Nos. 1 - 4 and 5 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	OFFICE US	EONLY
1	Name of business entity filing form, and the city, state and c of business. Casco Industries, Inc. LaPorte, TX United States	country of the business entity's plac	201	rtificate Number: 18-305586 e Filed:	
Z	Name of governmental entity or state agency that is a party t being filed. Cit of McAllen Fire Department	to the contract for which the form is		24/2018 o Acknowledged	:
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr 01-18-P12-01 Personal Protective Equipment	entity or state agency to track or id rovided under the contract.	entify the o	contract, and pro	ovide a
4	Name of Interested Party	City, State, Country (place of f	usiness)		of Interest pplicable) Intermediary
					••••••••••••••••••••••••••••••••••••••
	······································				
1	Check only if there is NO interested Party.				
ŀ	INSWORN DECLARATION Ay name is <u>Ding Percz</u>	and my dale	e of birth is	12-15-	76
,	Ay address is SDAI Mile 15 % R2.	Edcouch	(slate)	78538 (zip code)	US. (country)
	declare under penalty of purjury that the foregoing is true and corr		ho <u>25</u> di	ay of <u>Tom.</u> (month)	. 20 <u>18</u> . (yesi)
	Is provided by Texas Ethics Commission www.e	Signature of authorized agent of (Declarant)	contracting		on V1.0.5523

CERTIFICATE OF INTEREST	<b>ED PARTIES</b>		FOF	RM <b>1295</b>
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parti Complete Nos. 1, 2, 3, 5, and 6 if there are no interes	ies. ited parties.	CE	OFFICE US	
1 Name of business entity filing form, and the city, s of business.	state and country of the business entity's place	- I	ificate Number: 8-305586	
Casco Industries, Inc. LaPorte, TX United States 2 Name of governmental entity or state agency that	is a party to the contract for which the form is		Filed: 24/2018	
Cit of McAllen Fire Department			Acknowledged 31/2018	:
3 Provide the identification number used by the gov description of the services, goods, or other proper 01-18-P12-01 Personal Protective Equipment	vernmental entity or state agency to track or iden rty to be provided under the contract.	tify the c	contract, and pro	víde a
4			1	f interest
Name of Interested Party	City, State, Country (place of bu	siness)	(check a Controlling	pplicable) Intermedia
			Controlling	memedia
Check only if there is NO Interested Party.	3			
UNSWORN DECLARATION				
My name is	, and my date	of birth is	i	<b>-</b> *
My address is		(state)	(zip codě)	(country)
I declare under penalty of perjury that the foregoing is	true and correct.			
Executed in	County, State of, on th	ec	lay of	, 20
			(month)	(year)
	Signature of authorized agent of c (Declarant)	ontracting	g business entity	
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Ver	sion V1.0.55

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	All Control of Control			E ONLY OF FILING
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Na 2018-30751	umber:	OF FILING
	NuPark Inc Lubbock, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	te contract for which the form is	01/30/2018 Date Acknow	ledued:	
L				-	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid 08-17-S53-01 AUTOMATION OF PARKING ENFORCEMENT AND REVEN	ded under the contract.			
	certificate #2017-293825	VUE COLLECTIONS PROCESSES		•	
4	Name of Interested Party	City, State, Country (place of busine			interest plicable)
			Contro	olling	Intermediary
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			·		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	<u> </u>			
	My name is Jason Tart-Hisc			5/7	<u>له</u>
	My address is 207 E. Biologewood Rol (streely)	<u>Cecnaetoun</u> T	ite) (zip co	5 <b>3</b> ., ode)	US (country)
	I declare under penalty of perjury that the foregoing is true and correc				0
	Executed in <u>(), Wiamson</u> County	y, State of <b>Lexas</b> , on the		(monih)	9, 20 <u>176</u> . (year)
		105 Tout-A	5	<u> </u>	
		Signature of authorized agent of cont (Declarant)	raeting busines:	s entity	
For	ms provided by Texas Ethics Commission www.eth	lcs.state.tx.us		Vers	ion V1.0.5523

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	CERTIFICATE OF INTERESTED F	PART	TIES			FOR	м <b>1295</b>
			····				
	Complete Nos. 1 - 4 and 6 if there are interested partles. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	es.				OFFICE USE TIFICATION	E ONLY I OF FILING
1	Name of business entity filing form, and the city, state and of business. NuPark Inc	d counti	y of the business	entity's place		cate Number: 307517	
2	Lubbock, TX United States Name of governmental entity or state agency that is a part	ty to the	contract for which	h the form is	Date F 01/30/		
	being filed. City of McAllen	iy to me			Date A 01/31/	.cknowledged: 2018	
3	Provide the identification number used by the governmen description of the services, goods, or other property to be	tal entity provid	y or state agency ed under the cont	to track or identify ract.	the cor	ntract, and pro	vide a
	08-17-S53-01 AUTOMATION OF PARKING ENFORCEMENT AND R certificate #2017-293825	EVENI	JE COLLECTION	IS PROCESSES	***This	s form shall re	place
4		<u> </u>				Nature o	
ľ	Name of Interested Party		City, State, Coun	try (place of busin	ess)	(check ap	plicable) Intermediary
⊢					<u> </u>	Controlling	intermediary
	nu naver - talaaseete						
	· · · · · · · · · · · · · · · · · · ·	$ \rightarrow $				-	
					<u> </u>		
	· · · · · · · · · · · · · · · · · · ·						
			<u> </u>				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is			_, and my date of I	oirth is		
	My address is				1		**
	(street)		(city	) (sli	ite)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	correct.					
	Executed in	County.	State of	, on the	dav	y of	20
		1	· · · · · · · · · · · · · · · · · · ·			(month)	(year)
	_		Signature of auth	prized agent of cont	racting b	ousiness entity	,
				(Declarant)			
For	ms provided by Texas Ethics Commission ww	ww.ethic	s.state.tx.us			Ver	sion V1,0,5523

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	CERTIFICATE OF INTERESTED PA	RTIES		FO	rm 12
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.		<u> </u>	OFFICE US	
	•			ERTIFICATIO	
	Name of business entity filing form, and the city, state and co of business.	ountry of the business entity's place	1	tificate Number: .8-298299	
	The Salvation Army of Hidaigo County McAllen , TX United States		Dat	e Filed:	
2	Name of governmental entity or state agency that is a party to	o the contract for which the form is		03/2018	
	being filed, City of McAllen -CDBG Program FY 2017-2018		Date	ə Acknowledged	;
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pro B-17-MC-48-0506 The Salvation Army is to prevent homelessness and hunge eligible residents who are homeless and/or low-income income incom	ovided under the contract. er by proving food boxes, clothing vo		, and rent assis	tance t
4	Name of Interested Party	City, State, Country (place of bus	siness)	Nature o (check a	
<u> </u>				Controlling	Interr
			<b></b>		
		•		,	1
- ,		<u>,                                     </u>		·	
				i	
	•				
	Check only if there is NO Interested Party.		· ····		
٨	My name is Rovine Raymer	. and my date o	of birth is	6/2/19:	58′
٨	My address is 1221 River Bend Drive (street)	(oliv)	TX (state)	75247 (zlp code)	, <u>U2S</u> (coun
	I declare under penalty of perjury that the foregoing is true and corr				
	Executed in Dallas Cou	nty, State of <u>Fex a.s</u> , on the	40	tay of January (month)	∕_, 20(
E	The Party of the Real Party of the State of			Villound	<b>.</b>

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	parties.			CEI	OFFICE US	
1	Name of business entity filing form, and the city, state of business.	e and coun	try of the business	entity's place		ficate Number: 3-298299	
	The Salvation Army of Hidalgo County McAllen , TX United States					Filed:	
2	Name of governmental entity or state agency that is a being filed.	party to th	e contract for which	n the form is	01/0	3/2018	
	City of McAllen -CDBG Program FY 2017-2018					Acknowledged 3/2018	
3	Provide the identification number used by the governi description of the services, goods, or other property t B-17-MC-48-0506	o be provid	ed under the contra	act.			
	The Salvation Army is to prevent homelessness an eligible residents who are homeless and/or low-inco	d hunger b ome individ	y proving food box luals & families.	es, clothing vou	chers,		
4	Name of Interested Party		City, State, Count	y (place of busin	ess)	(check a	f interest oplicable)
						Controlling	Intermedia
	<u></u>			<u>-</u>			
	₩						
	·						
	Check only if there is NO Interested Party,						
	UNSWORN DECLARATION						
	My name is			, and my date of b	irth is _		,
	My address is						
	(street)		(cily)	(sta	le)	(zip code)	(country)
	declare under penalty of perjury that the foregoing is true	and correct.					
	Executed in	County,	State of	, on the	da	ay of (month)	, 20 (year)
						(monor)	(усаг)
		3 1 11 12	Signature of author	zed agent of contra (Declarant)	acting I	business entity	,
	ns provided by Texas Ethics Commission	www.ethio	cs.state.tx.us		,	Vers	ion V1.0.333

	CERTIFICATE OF INTERESTED PART	ĨES		FOR	M 1295
			T	OFFICE USI	
	Complete 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	RTIFICATION	
1	Name of business entity filling form, and the city, state and country of business.	y of the business entity's place		ficate Number: -279740	
	Children's Advocacy Center of Hidalgo County, Inc Edinburg, TX United States		Date	Filed:	
2		contract for which the form is	- 11/03	3/2017	
	being filed. City of McAllen Community Development Department		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide 2017-2018 Services to abused and neglected children	/ or state agency to track or identi d under the contract.	fy the co	ontract, and pro	vide a
	· · · · · · · · · · · · · · · · · · ·	· · ····			f Interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap Controlling	plicable) Intermediary
3	Check only if there is NO Interested Party.				
	AFFIDAVIT I swear, or al RAQUEL GARZA My Commission Expires April 10, 2019 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Jesus A</u> . 20_17_, to certify which, witness my hand and seal of office.	firm, under penalty of perjury, that the Signature of authorized agent of con Scanchez, this the	) giracting	business entity	
	Signature of officer administering oath Printed name of of	P (TAYZA ficer administering oath	N <i>01a</i> Title of o	ary Pun fficer administeri	blic ng oath

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CERTIFICATE OF INTERESTED PA	RTIES	FORM <b>129</b>	<b>)5</b>
		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 FIL	
<ol> <li>Name of business entity filing form, and the city, state and co of business.</li> <li>Children's Advocacy Center of Hidalgo County, Inc Edinburg, TX United States</li> </ol>	ountry of the business entity's place	Certificate Number: 2017-279740 Date Filed:	
2 Name of governmental entity or state agency that is a party to	o the contract for which the form is	11/03/2017	
being filed. City of McAllen Community Development Department		Date Acknowledged: 02/04/2018	
Provide the identification number used by the governmental description of the services, goods, or other property to be property 2017-2018 Services to abused and neglected children	entity or state agency to track or identify ovided under the contract.	the contract, and provide a	
· · · · · · · · · · · · · · · · · · ·		Nature of interest	
Name of Interested Party	City, State, Country (place of busin	ess) (check applicable) Controlling Interme	
	· · · · · · · · · · · · · · · · · · ·		
		<u> </u>	
Check only if there is NO Interested Party.			
UNSWORN DECLARATION			
My name Is	, and my date of b	birth Is	·
My address is		ate) (zip code) (country)	 }
I declare under penalty of perjury that the foregoing is true and cor	rect.		
		dav of 20	
Executed inCot	uniy, state of, on the _	day of, 20 (month) (yea	 r)
. <u> </u>	Signature of authorized agent of cont	racting business entity	-
orms provided by Texas Ethics Commission www.	(Declarant) ethics.state.tx.us	Version V1.0.	3337
and provided by reada Lenes Commission www.			

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	ам <b>129</b> 5		
					1 of 3		
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE US			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		_	RTIFICATION	OF FILIN		
1	Name of business entity filing form, and the city, state and cour of business.	itry of the business entity's place		ificate Number: 7-262468			
	United Way of South Texas				•		
	McAllen, TX United States			Filed: 9/2017			
2	Name of governmental entity or state agency that is a party to the being filed.	te contract for which the form is	0.07.2	JILUX!			
	City of McAllen		Date	Acknowledged	:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi B-17-MC-48-0506 Transportation Vouchers	ity or state agency to track or identi ded under the contract.	fy the c	ontract, and pro	vide a		
_				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busi	ness)		oplicable)		
		· · · · · · · · · · · · · · · · · · ·		Controlling	Intermedi		
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		······································					
5	Check only if there is NO Interested Party.	·	]	i			
ĭ		affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		minin entres betterið er beslendt and an					
	MARLEN RAMIREZ						
	Comm. Expires 03-21-2020						
	Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE	M Garza 1	ath		Ja ] - a		
	sworn to and subscribed before me, by the said Thelma M Gavza, this the 19th day of September						
	20, to certify which, witness my hand and seal of office.						
	no Dia	$\bigcirc$ .					
	MAIDON LANNING MANI	in Kaminez A	Jut	ww Dal	nie		
	Signature of officer administering oath Printed name of o	flicer administering oath	itle of o	flicer administerin	ng oath		
1							

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CERTIFICATE OF INTERESTED	D PARTIES		FOR	м 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	pàilies.	CE	OFFICE USI	
Name of business entity filing form, and the city, state of business.	e and country of the business entity's pla		tificate Number: 7-262468	
United Way of South Texas McAllen, TX United States		Date	e Filed:	
Name of governmental entity or state agency that is a	party to the contract for which the form i	s 09/:	19/2017	
being filed.		Date	Acknowledged:	
City of McAllen			)4/2018	
Provide the identification number used by the governme description of the services, goods, or other property to B-17-MC-48-0506 Transportation Vouchers	mental entity or state agency to track or i o be provided under the contract.	lentify the d	contract, and pro	vide a
			Nature of	f interest
Name of Interested Party	City, State, Country (place of	business)	(check ap	
-			Controlling	Intermedia
	· · · · · · · · · · · · · · · · · · ·			
Check only if there is NO Interested Party.			ι <u></u> ι	
X				
UNSWORN DECLARATION				
My name is	, and my d	ate of birth is		
My address is				·
(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true	and correct.			
Executed in	County, State of, o	n theo	lay of	_, 20
			(month)	(year)
	Signature of authorized agent	of contracting	g business entity	··
rms provided by Texas Ethics Commission	(Declarant) www.ethics.state.tx.us		1.1	ion V1,0,33

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	CERTIFICATE OF INTERESTED PAR		FORM <b>1295</b>						
					1 of 3				
	Complete Nos, 1 - 4 and 6 if there are interested parties.			OFFICE US					
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILIN					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. United Way of South Texas 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.			Certificate Number: 2017-262468 Date Filed: 09/19/2017					
2									
	City of McAllen	Date	Date Acknowledged:						
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. 3-17-MC-48-0506 Transportation Vouchers								
4				Nature of interest (check applicable) Controlling Intermedi					
	Name of Interested Party	City, State, Country (place of bus							
				Controning	[ memeus				
		· · · · · · · · · · · · · · · · · · ·							
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		· · · · · · · · · · · · · · · · · · ·							
		· · · · · · · · · · · · · · · · · · ·							
		•							
5	Check only if there is NO Interested Party.		J		<u>ur mur me</u>				
	AFFIDAVIT I swear, or allirm, under penalty of perjury, that the above disclosure is true and correct.								
	MARLEN RAMIREZ								
	A Notary Public, State of Texas								
	Comm. Expires 03-21-2020 Wilma Ma Carrie								
	Signature of authorized agent of contracting business entity								
	AFFIX NOTARY STAMP / SEAL ABOVE								
	20, to certify which, witness my hand and seal of office.								
	Man Da'n Davis								
	Marlanne Marle	Unt	iotary Public						
ŀ	Signature of officer administering oath Printed name of officer administering oath			flicer-administerin	ng oath				
1	oldiging of ourses agreed and a second of a								

CERTIFICATE OF INTERESTED	PARTIE	S							
					FOR	1.295 1. of 1			
Complete Nos, 1 - 4 and 6 if there are interested parties.	te Nos, 1 - 4 and 6 if there are interested parties.					OFFICE USE ONLY			
•	plete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. The of business entity filing form, and the city, state and country of the business entity's place				CERTIFICATION OF Certificate Number:				
of business.					68				
United Way of South Texas 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.				09/19/2017					
City of McAllen		Date Acknowledged: 02/04/2018							
Provide the identification number used by the governm description of the services, goods, or other property to	ental entity or be provided u	state agency to tra nder the contract.	ck or identify	the contract	, and pro	vide a			
B-17-MC-48-0506 Transportation Vouchers									
Nome of Interacted Darty	City	City, State, Country (place of busin		Nature of Interest ness) (check applicable)					
Name of Interested Party		City, State, Country (place of busine		·	rolling	Intermedia			
Check only if there is NO Interested Party.									
UNSWORN DECLARATION									
My name is		, ar	d my date of bi	rth is					
My address is(street)		(city)	,,,	 e) (zin	code)	(country)			
		(	,	. ,т		1 ····24			
I declare under penalty of perjury that the foregoing is true at									
Executed in	County, Stat	e of	, on the	day of	(month)	, 20 (year)			
					(compared)	(Jour)			
-	Sig	nature of authorized	agent of contra	cting busine	ss entity	··· ·			
rms provided by Texas Ethics Commission	www.ethics.st				Vers	ion V1,0,33			

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CERTIFICATE OF INTERESTED PARTIES		FOF	км <b>129</b> 5	
			1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE US		
Name of business entity filing form, and the city, state and country of the business entity's place of business. Houston Freightliner, Inc		Certificate Number: 2018-309199		
Houston, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is		Filed: 2/2018		
being filed. City of McAllen		Acknowledged	:	
Provide the identification number used by the governmental entity or state agency to track or identi description of the services, goods, or other property to be provided under the contract. 01-18-P09-01. Purchase of one New Dump Truck (HGAC Contract #HT06-16)	ify the c	ontract, and pro	vide a	
		Nature o	f interest	
Name of Interested Party City, State, Country (place of bus	iness)	(check a	oplicable)	
		Controlling	Intermediary	
		·····		
		·		
			. <u></u>	
	I			
Check only if there is NO Interested Party.				
UNSWORN DECLARATION		alart	70	
My name is Anthony MINIGO , and my date o	of birth is	1125	73	
My name is <u>Anthony</u> <u>MNigro</u> , and my date o My address is <u>4022</u> <u>Wilburn Ranch Dr. Mont Belvicy</u> (street) (oliv) (	TX (state)	7752 (zip code)	3 USA (country)	
I declare under penalty of perjury that the foregoing is true and correct.				
	and	and FEbruar	1 40 19	
ALT SUUDY, DIANA SALAZAR	9 <u>0.                                    </u>	(month)	<u>-</u> , 20 <u>-7 ()</u> . (year)	
Notary Public, state of Texas My Commission Expires My Commission Expires				
October 19, 2019 Signature of authorized agent of co	intracting	business entity	······································	

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CERTIFICATE OF INTEREST	TED PARTIES		FOI	RM 1295		
				1 of 1		
Complete Nos. 1 - 4 and 6 If there are interested part Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	ties. sted parties.	С	OFFICE US			
<ol> <li>Name of business entity filing form, and the city, of business.</li> <li>Houston Freightliner, Inc Houston, TX United States</li> </ol>	state and country of the business entity's plac	20	Certificate Number: 2018-309199 Date Filed:			
2 Name of governmental entity or state agency that being filed, City of McAllen	t is a party to the contract for which the form is					
Provide the identification number used by the gov description of the services, goods, or other prope 01-18-P09-01 Purchase of one New Dump Truck (HGAC Con	erty to be provided under the contract,	entify the	contract, and pro	vide a		
· · · · · · · · · · · · · · · · · · ·			Nature o	f interest		
Name of Interested Party	City, State, Country (place of I	ousiness)		oplicable)		
			Controlling	Intermediary		
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-	· · · · · · · · · · · · · · · · · · ·					
				, <del>, , , , ,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
10 10 10 10 10 10 10 10 10 10 10 10 10 1						
Check only if there is NO Interested Party.	<u>.</u>					
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.					
Executed in	County, State of, on	the		, 20,		
			(month)	(year)		
	Signature of authorized agent of (Declarant)	contractin	g business entity			
rms provided by Texas Ethics Commission	www.ethics.state.tx.us		Vers	ion V1.0.5523		

CERTI	FICATE OF INTER	ESTED PARTIES	•	FOI	<b>тм 1295</b>
				······································	1 of 1
	los. 1 - 4 and 6 if there are interest los. 1, 2, 3, 5, and 6 if there are no		CE	OFFICE US	
of busines:		e city, state and country of the business entity's place		ficate Number: '-283830	
McAllen, T	X United States wernmental entity or state agence	cy that is a party to the contract for which the form is		Filed: 4/2017	
being filed. City of McA			Date .	Acknowledged	:
description B17MC480	of the services, goods, or other	he governmental entity or state agency to track or ider property to be provided under the contract. rogram scholarships.	tify the co	ontract, and pro	vide a
	Name of Interested Party	City, State, Country (place of bu	siness)		f interest oplicable)
	-			Controlling	Intermediar
Check only i	f there is NO Interested Party.				· · · · · · · · · · · · · · · · · · ·
AFFIDAVIT	•	I swear, or atfirm, under penalty of perjury, that t	he ahove d	liselosure Is true	and correct
Sworn to and		Signature of authorized agent of co Dalinda B. Alcantar, this the	ontracting b	ousiness entity	enber.
20	to certify which, witness my hand a	and seal of office,			
alme!	Jillarreef	Alma Villameal Leg	alAssi	staut/Note	my Ruldic
Signature	of officer administering oath	Printed name of officer administering oath	Title of offi	cer administerin '	g óath
rms provided	by Texas Ethics Commission	www.ethics.state.tx.us		Vers	on V1.0.333

	CERTIFICATE OF INTERESTE	D PARTIES		FOF	RM 129	
					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	l parties.	СІ	OFFICE US		
1	Name of business entity filing form, and the city, star of business.	te and country of the business entity's plac		Certificate Number: 2017-283830		
2	Boys & Girls Club of McAllen, Inc McAllen, TX United States Name of governmental entity or state agency that is	a party to the contract for which the form is		e Filed: 14/2017		
~	being filed. City of McAllen		Dat	e Acknowledged 12/2018		
3	Provide the identification number used by the govern description of the services, goods, or other property B17MC480506 Direct services, athletic and afterschool program s	to be provided under the contract.	entify the	contract, and pro	vide a	
4				Nature of Interest		
**	Name of Interested Party	City, State, Country (place of l	ousiness)		pplicable)	
				Controlling		
	e en					
			<u>t</u>			
5	Check only if there is NO Interested Party,					
6	UNSWORN DECLARATION					
	My name is	, and my dat	ie of birth l	S		
	My address is(street)	(city)	(slate)	(zip code)	,(country	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in	County, State of, on	the			
				(month)	(ye:	
		Signature of authorized agent of (Declarant)	contractin	g business entity		
	ms provided by Texas Ethics Commission	www.ethics.state.tx.us		Mari	ion V1.0	

CERTIFICATE OF INTERESTED PAR	TIES	FC	RM 1295
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and coun of business. Regions Bank Houston, TX United States	try of the business entity's place	OFFICE USE ONLY CERTIFICATION OF FILIN Certificate Number: 2018-301189 Date Filed: 01/11/2018	
2 Name of governmental entity or state agency that is a party to the being filed. City of McAllen, TX	ency that is a party to the contract for which the form is 01 Da		d:
3 Provide the identification number used by the governmental entitlescription of the services, goods, or other property to be provided to the comb Tax & Rev COs 2018 Paying Agent/Registrar	ity or state agency to track or identify ded under the contract.	y the contract, and p	rovide a
4 Name of Interested Party	City, State, Country (place of busin		of interest applicable) Intermediary
Regions Financial Corporation	Birmingham, AL United States	X	
Lynch, Deloris	Houston, TX United States		x
Gale, Boots	Birmingham, AL United States	x	
Owen, John	Birmingham, AL United States	×	
Turner, David	Birmingham, AL United States	x	
Hall, Grayson	Birmingham, AL United States	x	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION My name is Deloris Lynch My address is 3773 Richmond Ave, Ste 1100 (street)	, and my date of i <u>Horuston</u> . <u>T</u> (city) (st	birth is <u>10-31</u> X <u>177046</u> ale) (zip code)	<u>7 - 59</u> . . <u>USA</u> . (country)
I declare under penalty of perjury that the foregoing is true and correct Executed in <u>Harris</u> County	T	(month	) (year)

Forms provided by Texas Ethics Commission

Version V1.0.3337

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www.ethics.state.tx.us

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Complete Nos. 1 - 4 and 6 if t Complete Nos. 1, 2, 3, 5, and	here are interested parties. 6 if there are no interested parties.		CE	OFFICE USE	
1 Name of business entity fill of business.	ng form, and the city, state and coun	try of the business entity's place	Certificate Number: 2018-301189		
Regions Bank					
Houston, TX United States	5		Dat	e Filed:	
<ol> <li>Name of governmental entit being filed.</li> </ol>	y or state agency that is a party to th	e contract for which the form is	01/:	11/2018	
City of McAllen, TX				e Acknowledged: 13/2018	
3 Provide the identification nu description of the services,	Imber used by the governmental enti goods, or other property to be provid	ty or state agency to track or iden ded under the contract.	tify the (	contract, and prov	vide a
Comb Tax & Rev COs 201 Paying Agent/Registrar	.8				
4				Nature of	interest
<sup>4</sup> Name of h	nterested Party	City, State, Country (place of bu	siness)	(check ap	plicable)
				Controlling	Intermediary
Regions Financial Corporation	1	Birmingham, AL United States	3	х	
Lynch, Deloris		Houston, TX United States			Х
Gale, Boots		Birmingham, AL United States	3	x	
Owen, John		Birmingham, AL United States	3	х	
Turner, David		Birmingham, AL United States	3	x	
Hall, Grayson		Birmingham, AL United States	3	x	
5 Check only if there is NO Inf	erested Party.				
6 UNSWORN DECLARATION					
My name is		, and my date	of birth i	s	
My address is	(street)	,,, _,, _	(state)	(zip code)	(country)
I declare under penalty of perj	ury that the foregoing is true and correc	t.			
		· Olute of		day of	20
Executed in	Count	y, state of, on the stat	ie	day of(month)	, 20 (year)
		Signature of authorized agent of o (Declarant)	ontractir	ng business entity	·····
Cormo provided by Toyoo Ethi	commission www.ett	nice state ty us		Ver	sion V1 0 333

Acknussledged 1295 2/14/18 125 FORM 1295

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				1 0/ 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested pa	rties.	СЕ	OFFICE US	
<ol> <li>Name of business entity filing form, and the city, state a of business.</li> </ol>	ind country of the business entity's place	Certificate Number: 2018-305570		
TCI Roofing & Construction, Inc. Mission, TX United States		Date	Filed;	
<ol> <li>Name of governmental entity or state agency that is a probability filed.</li> </ol>	arty to the contract for which the form is	01/2	4/2018	
PALMVIEW COMMUNITY CENTER RE-ROOF-REBI	d (CDBG FUNDED)	Date	Acknowledged	:
3 Provide the identification number used by the governme description of the services, goods, or other property to 01-18-C09-304 RE-ROOF SYSTEM	intal entity or state agency to track or identify be provided under the contract.	/ the c	onträct, and pro	vide a
4 Name of Interested Party	City, State, Country (place of busin	essì		f interest oplicable)
			Controlling	Intermediary
PALMVIEW COMMUNITY CENTER RE-ROOF-REBID	MCALLEN, TX United States		x	
	**************************************			
·····				
арана на				
				<u></u>
5 Check only if there is NO interested Party,				
B UNSWORN DECLARATION		·		/_
My name is <u>Clyp</u> Solis	, and my date of t	oirth is .	03/3//	93
My address is 6705 N. Taylor hd	Mission, Tr (olly) (ale	K ite)	7 8573 (zip code)	Hickeley
I declare under penalty of perjury that the foregoing is true an	d correct.			
Executed in Hi dalag		24 da	ay of <u>Viritary</u> (month)	/_, 20 <u>18</u> (year)
JESSICA CAMPOS My Notery ID # 126843512 Expires May 16, 2021	Alpane			.,,
Expires May 16, 2021	Signature of adthorized agent of contr (UMUPU) (Declarant)	acting	business entity	
	ww.ethics.state.tx.us		Vers	ion V1.0,5523

## FORM 1295

							1011	
Com Com	plete Nos. 1 - 4 and 6 if there are interested parties, plete Nos. 1, 2, 3, 5, and 6 if there are no interested	l parties.			ĆE	OFFICE US		
	e of business entity filing form, and the city, sta isiness.	te and coun	try of the business e	ntity's place	Certificate Number: 2018-305570			
TCI	Roofing & Construction, Inc.				l			
	ion, TX United States				<b>4</b> 1	Filed:		
	e of governmental entity or state agency that is a gilled.	a party to th	e contract for which	the form is	101/2	4/2018		
	MVIEW COMMUNITY CENTER RE-ROOF-R	EBID (CDB	g funded)			Acknowledged 4/2018		
3 Prov desc	ide the identification number used by the govern ription of the services, goods, or other property	nmental enti to be provid	ty or state agency to led under the contra	track or identify st.	the c	ontract, and pro	vide a	
	8-C09-304 ROOF SYSTEM							
4							f interest	
7	Name of Interested Party		City, State, Country	(place of busin	ess)		oplicable)	
						Controlling	Intermediary	
PALMV	IEW COMMUNITY CENTER RE-ROOF-REBI	Ď	MCALLEN, TX U	nited States		×		
			11000 mg-111111					
	,			•				
5 Checl	k only if there is NO Interested Party.	<b>E</b>						
6 UNSW	ORN DECLARATION							
My na	me is			and my date of t	oirth Is	<del>he van verste en verste</del>	·	
Mv ad	dress is							
iviy du	(street)		(city)	(sta	ite)	(zip code)	(country)	
l decla	are under penalty of perjury that the foregoing is true	e and correct						
Exect	itéd in	County	State of	, on the _	d	ay of		
						(month)	(year)	
			Signature of authoriz	ed agent of cont	racting	business entity		
	······································		_	(Declarani)				
orms pr	ovided by Texas Ethics Commission	www.eth	cs.state.tx.us			Ver	sion V1.0.552	

	CERTIFICATE OF INTERESTED PART	IES		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.		05	OFFICE US	
<ol> <li>Name of husiness entity filing form, and the city, state and country of the business entity's place of business, silsbee ford</li> </ol>			CERTIFICATION OF FILIA Certificate Number: 2018-305997		
	SILSBEE, TX United States			Flied:	,
1	Name of governmental entity or state agency that is a party to the c being filed. Hy of McAllen	contract for which the form is		5/2018 Acknowledged:	
(	Provide the identification number used by the governmental entity lescription of the services, goods, or other property to be provided M-18-P11-79 IWENTY THREE (23) NEW 2018 VEHICLES	or state agency to track or klentif I under the contract.	y the co	ontract, and pro	vide a
				f Interest	
	Name of Interested Party C	ity, State, Country (place of busin	iess)	(check ap Controlling	oplicable) Intermedia
10	VALSON, DREW	SILSBEE, TX United States		X	
c	heck only if there is NO Interested Party.				
	NEWORN DECLARATION	<u>elle</u> , and my date of	birth is _	3-2	<u>6.5</u>
Му	address is <u>LL65</u> 20TH 3T (street)	Beaumant, T	<u>k</u> ate)	7770 [6 (zip code)	(country)
l d	lectare under penalty of perjury that the foregoing is true and correct, $$			Ľ	1.0
Ех	recuted in <u>Tofferson</u> county, si	tate of $1095$ , on the $1000$	7 U 7794	ay of (month)	_, 20 <u>1 X</u> (year)
	s s	Ignature of authorized agent of cont (Declarant)	racting	business entity	
	provided by Texas Ethics Commission www.ethics.			Vor	lon V1.0.552

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						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.			E .	OFFICE USE		
1	Name of business entity filing form, and the city, state and cour of business. silsbee ford	ntry of the business o	entity's place	2018-	icate Number: -305997		
2	SILSBEE, TX United States Name of governmental entity or state agency that is a party to the being filed.	ne contract for which	the form is	Date Filed: 01/25/2018			
	city of McAilen			Date A 02/15/	Acknowledged: /2018		
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi 01-18-P11-79 TWENTY THREE (23) NEW 2018 VEHICLES	ity or state agency to ded under the contra	o track or identify loct.	the co	ntract, and pro	vide a	
4	Name of Interested Party	City, State, Countr	y (place of busine	ace)	Nature o (check ar	f interest	
	Name of Interested Party	City, State, Count	y (place of busine		Controlling	Intermediary	
DC	NALSON, DREW	SILSBEE, TX Ur	nited States		х		
			<u></u>				
			<u> </u>				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u>u, , , , , , , , , , , , , , , , , , , </u>		
	My name is		, and my date of b	irth is _	<u> </u>		
	My address is	'(city)	'' (sla		(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	:t.					
	Executed inCount	y, Stale of	, on the	da	y of	_, 20	
					(moath)	(year)	
		Signature of author	ized agent of contr (Declarant)	acting t	ousiness entity		

CERTIFICATE OF INTERES	STED PARTIES		FOF	RM <b>1295</b>	
Complete Nos, 1 - 4 and 6 if there are interested p Complete Nos, 1, 2, 3, 5, and 6 if there are no inte	parties, prested parties,	CEI	OFFICE US	E ONLY N OF FILING	
<ol> <li>Name of business entity filing form, and the cli of business.</li> <li>Boggus Motor Sales McAllen, TX United States</li> </ol>	ty, state and country of the business entity's place		Certificate Number: 2018-304488		
	hat is a party to the contract for which the form is		Date Acknowledged:		
<ul> <li>Provide the identification number used by the description of the services, goods, or other pro 01-18-P11-79</li> <li>Purchase of Twenty Three New 2018 Vehicle</li> </ul>		ntlfy the co	ontract, and pro	wide a	
Name of Interested Party	City, State, Country (place of bu	(siness)	Nature of intenses) (check applic		
			Controlling	Intermediary	
,		<u> </u>			
Check only if there is NO Interested Party.	X		, . — t	L	
UNSWORN DECLARATION My name is CAN GONZAIL	. and my date	of birth is	12-09	65-	
My address is <u>RoBrX 1846</u> (street)	EISA (city)	7X (state)	78554 (zlp code)	UNITED (country)	
I declare under penalty of perjury that the foregoing		he <u>22</u> d	ay of Janu	ang 18	
	County, State of TEMS, on the	$\square$		(year)	
orms provided by Texas Ethics Commission	Signature of Authorizod agent of (Declarant) www.ethics.state.tx.tis	/oniracting		sion V1.0.3337	

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							1 of 1
	Complete Nos, 1 - 4 and 6 if there are interested parties.	ortion				OFFICE US	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested pa				CE	RTIFICATION	I OF FILING
1	Name of business entity filing form, and the city, state of business.	and coun	try of the business (	entity's place	•	ificate Number: 8-304488	
	Boggus Motor Sales						
ĺ	McAllen, TX United States					Filed:	
2	Name of governmental entity or state agency that is a p being filed.	party to th	e contract for which	the form is	01/2	2/2018	
	City of McAllen					Acknowledged:	
	-				02/1	5/2018	
3	Provide the identification number used by the governm description of the services, goods, or other property to				the c	ontract, and pro	vide a
	01-18-P11-79						
	Purchase of Twenty Three New 2018 Vehicles						
_						Nature o	f interest
4	Name of Interested Party		City, State, Countr	y (place of busine	ess)	(check ar	plicable)
						Controlling	Intermediary
	· · · · · · · · · · · · · · · · · · ·						
	10040-10-10-10-10-10-10-10-10-10-10-10-10-10						
				<u> </u>			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	Adventure In			, and my date of b	idh ic		
	My name is			, and my date of p	11 11 15		·•
	My address is						
	(street)		(city)	(sla	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true a	nd correct					
	Executed in			on the	d	av of	20
						(month)	(year)
	-		Signature of author	Ized agent of contr (Declaranl)	acting	business entity	•
-01	ms provided by Texas Ethics Commission	www.eth	ics.state.tx.us			Vers	ion V1.0.3337

	CERTIFICATE OF INTERESTED PAP	RTIES		FOF	XM 1295
F	Complete Nos. 1 - 4 and 6 if there are interested parties,		Γ	OFFICE US	
	Complete Nos. 1, 2, 3, 5, and 6 If there are no interested parties.		CE	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and cou of business.	ntry of the business entity's place		ificate Number: 7-294056	
	Artillery L.L.C. Edinburg, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is		4/2017	
	being filed. City Of McAllen		Date	Acknowledged:	1
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 12-17-S24-404	ided under the contract.	the c	ontract, and pro	vide å
	Various Types of Concrete, asphalt, underground utilities an	d drainage structures.			
4			<u></u>	]	f interest
Ľ	Name of Interested Party	City, State, Country (place of busin	e55)		oplicable)
Ci	y of McAllen	McAllen, TX United States		Controlling X	Intermediary
	· · · · · · · · · · · · · · · · · · ·				
_					
					••••••••••••••••••••••••••••••••••••••
		· · · · · · · · · · · · · · · · · · ·			<del></del>
5	Check only if there is NO interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	Alter Jose L Borjas     My Commission Expires     O5/24/2020     O5/24/2020	Ac Brown Signature of authorized agent of confu	7 racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	Bojas (18) this the K	Ah	day of Dec	<u>.</u>
(	AL A BOTTOS TOF L. Signature of officer administering oath Printed name of	BDCAS.(5K)	le of p	J <u>ary</u> liter administerir	ng oath

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Version V1.0,3337

#### FORM 1295

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							1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.				Γ	OFFICE US	E ONLY
1	Complete Nos. 1, 2, 3, 5, and 6 if there are no Interested	parties.			CE	RTIFICATION	OF FILING
	Name of business entity filing form, and the city, stat of business.	te and count	try of the business of	entity's place		ificate Number: 7-294056	
	Artillery L.L.C.						
	Edinburg, TX United States					e Filed: 4/2017	
2	Name of governmental entity or state agency that is a being filed.	a party to th	e contract for which	n the form is	12/1	4/2017	
	City Of McAllen					Acknowledged: .6/2018	
3 F 0	Provide the identification number used by the govern lescription of the services, goods, or other property (	nmental enti to be provid	ty or state agency to led under the contra	o track or identify act.	the c	contract, and pro	vide a
	12-17-S24-404	utilition and	droinono structuro				
	Various Types of Concrete, asphalt, underground u	uunues anu	urainage structure	(ð <sub>1</sub>			
4		]					f interest
	Name of Interested Party		City, State, Countr	y (place of busin	ess)	(check ar	
						Controlling	Intermediary
City	of McAllen	ĺ	McAllen, TX Uni	ted States		X	
		•					
							·····
5 C	heck only if there is NO interested Party.						
6 U	NSWORN DECLARATION						
M	y name is			, and my date of I	oirth is	i	
	, ,			• •			
М	y address is(street)			tt		(zio code)	(country)
	(anact)		(509)	100	,	Ander some A	(
1	declare under penalty of perjury that the foregoing is true	e and correct	•				
E	xeculed in	County	State of	, on the _	d	tay of	
						(month)	(year)
		,	Signature of author	ized agent of cont	racting	Thusiness entity	
				(Declarant)	លាមារ្		•
Form	is provided by Texas Ethics Commission	www.eth	ics.state.tx.us			Vers	sion V1,0.3337

#### FORM 1295

1 of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested j	parties.				CE	OFFICE US RTIFICATION	E ONLY NOF FILING
1	Name of business entity filing form, and the city, state of business.	and coun	try of the bu	isiness en	ity's place	r ·	ificate Number: 3-306974	
	Valley Striping Corp					2010		
	Mission, TX United States						Filed:	
2	Name of governmental entity or state agency that is a being filed.	party to th	e contract f	or which th	ie form is	01/2	9/2018	
	City of McAllen TX					Date	Acknowledged	:
ļ								Wada a sa katala katala kata yang sa
3	Provide the identification number used by the govern description of the services, goods, or other property t					the c	ontract, and pro	ivide a
	12-17-S24-404							
	Pavement markings / Various types of concrete wor	"K						
4								of interest
	Name of Interested Party		City, State	, Country (	place of busine	ess)	i	pplicable)
	ganna an			······································			Controlling	Intermediary
							_	
- <u></u>								
	Bre							
								· ·
5	Check only if there is NO Interested Party.							
6	INSWORN DECLARATION							·
ſ	ly name is Guadalupe Salinas			, a	ind my date of b	irth is	02/12/19	72
ł	Av address is 3303 San Andres		. Mis	sion	, T	X.	78572	USA
,	(street)		,	(city)	(sta	tə)	(zip code)	(country)
I	declare under penalty of perjury that the foregoing is true	and correct						
1	executed in Hidalgo	County	State of	Texas	, on the	29d	ay of January	. 20 18 .
	· Hadiyo		, , , , , , , , , , , , , , , , , , ,				(month)	(year)
					22			
				10	1			
			Signature		d agent of contri Declarant)	acting	business entity	
orr	is provided by Texas Ethics Commission	www.ethi	cs.state,tx.		,		Ver	sion V1.0.5523

Name of business entity filing form, and the city, state and country of the business entity's place

Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos, 1, 2, 3, 5, and 6 if there are no interested parties.

1

of business.

Valley Striping Corp Mission, TX United States Date Filed: 01/29/2018 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen TX 02/16/2018 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 3 12-17-S24-404 Pavement markings / Various types of concrete work Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** , and my date of birth is My name is My address is \_\_\_\_\_ (street) (city) (stale) (zlp code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_, on the \_\_\_\_\_day of \_\_\_\_\_\_ 20 (month) (year) Signature of authorized agent of contracting business entity (Declarant) www.ethics.state.tx.us Version V1.0.5523 Forms provided by Texas Ethics Commission

1 of 1

FORM 1295

OFFICE USE ONLY

**CERTIFICATION OF FILING** 

Certificate Number:

2018-306974

	CATE OF INTERESTED PA	a a a a an ann ann		FOR	I M
Complete Nos. 1	- 4 and 6 if there are interested parties.			OFFICE US	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place			<b></b> ] .	RTIFICATION	
of business.	· -· -·	wanti yor me babinese entry a piace		3-308755	
Cutler Repavin Lawrence, KS I			Date	Filed:	
	mental entity or state agency that is a party f	to the contract for which the form is	- 02/0	1/2018	
being filed. City of McAllen			Date	Acknowledged	
3 Provide the iden description of the description of description of	tilication number used by the governmental re services, goods, or other property to be p	entity or state agency to track or identif rovided under the contract.	y the c	ontract, and pro	vide e
02-18-C10-236					
2018 Single Ma	ichlne Repaving				
4	Name of Interested Party	City, State, Country (place of bush	(asan	Nature o (check a)	
			,	Controlling	Inte
Rathbun, John		Lawrence, KS United States		х	
Miles, John		Lawrence, KS United States		X	
Culler, Douglas		Los Ranchos, NM United States	;	x	
Veskerna, Charles		Lawrence, KS United States		х	
·····					
				Mar 11.	
	ve manannak arekannak				
· m					
5 Check only if the	re is NO interested Party.				
6 UNSWORN DECL	ARATION	a a a a a a a a a a a a a a a a a a a			
My name is	Charles R. Veskema	, and my date of	binh is	_4[4]1	95
My address is	921 E 27th St	Lawrence, KS 660	48-49	17 .	. 1):
	(ioata)	(city) (st	lato)	(zip code)	(00)
l declare under pe	nalty of perjury that the foregoing is true and co	rrect.			
Executed In	Douglas co	nunty, Stele of <u>LANSAS</u> , on the	/ <i>51</i> d	av of FERRIAL	<b>Y</b> . 20
	and the second	/)		(monih)	
		I A CLAIN	1		
		Signature of authorized agent of con	sie	me	·

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CERTIFICATE OF INTERESTED PAR	TIES	FO	RM 1295
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	
1 Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number 2018-308755	:
Cutler Repaying, Inc. Lawrence, KS United States 2 Name of governmental entity or state agency that is a party to th	a contract for which the form is	Date Filed: 02/01/2018	
being filed. City of McAllen		Date Acknowledge 02/20/2018	d:
<ul> <li>Provide the Identification number used by the governmental entit description of the services, goods, or other property to be provid 02-18-C10-236</li> <li>2018 Single Machine Repaying</li> </ul>	ty or state agency to track or identify led under the contract.	the contract, and pr	ovide a
4 Name of Interested Party	City, State, Country (place of busine		of interest applicable)
·······		Controlling	Intermediary
Rathbun, John	Lawrence, KS United States	x	
Miles, John	Lawrence, KS United States	x	
Cutler, Douglas	Los Ranchos, NM United States	x	
Veskerna, Charles	Lawrence, KS United States	х	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is	, and my date of b	irth is	·
My address is	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, , , , , , , , , , , , , , , , , , , ,	te) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct.			
		day of	20
Executed inCounty,	, State of, on the,	day or (month)	
	Signature of authorized agent of contr {Declarant}	acting business entity	
Forms provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Ve	rsion V1.0.5523

CERTIFIC	ATE OF INTERESTE	D PART	IES			FO	rm <b>1295</b>	
							1 of 1	
Complete Nos. 1 - 4 Complete Nos. 1 - 2	4 and 6 if there are interested parties , 3, 5, and 6 if there are no interested	s. d narties				OFFICE US		
	entity filing form, and the city, sta		/ of the business	entity's place	_	icate Number:		
of business. Frontera Material	•	·		· • •	2018-	-308024		
Elsa, TX United S	States				Date I	-		
<ol> <li>Name of governme being filed.</li> </ol>	ental entity or state agency that is	a party to the	contract for whic	h the form is		/2018		
City of McAllen					Date A	Acknowledged	;	
description of the 02-18-P13-62	ication number used by the govern services, goods, or other property ery of Type "D" Hot Mix Asphallic	to be provide			y the co	ntract, and pro	ovide a	
Name of Interested Party			City, State, Country (place of business)			Nature of Interest (check applicable)		
						Controlling	Intermedia	
							[	
				<u> </u>				
						i	-	
<del>,</del>	<u></u>							
·		·						
<u></u>	<u> </u>							
		<u> </u>			L			
Check only if there	is NO interested Party.							
UNSWORN DECLAR	ATION		<u></u>					
My name is Ba	My EWINGEr			, and my date of I	birth is	3-20-1	1948.	
	Boy 1424a		Elsa	·	v	18/5/12	115	
My address is <u>10</u>			(city)	(st	, ale)	(zip code)	(country)	
l declare under nensi	ty of perjury that the foregoing is true	and correct.						
ALD I				<b>\</b>			٥٥	
Executed in 120 o	de la companya de la comp	County, S	1210 01 1.12/19	on the	day	(month)	20 <u></u> . S (year)	
	VELMA R. FLYNN	1/1	5	+£)				
X	My Commission Expires	<u> </u>	ianature of author	ized agent of contr		usiness entity		
- Man Million	s Ethics Commission	www.ethics	_	(Declarant)		uonidoo oniny		

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	CERTIFICATE OF INTERESTI	ED PAKTIES		FOF	XM <b>1.29</b>					
	Complete Nos, 1 - 4 and 6 if there are interested partie Complete Nos, 1, 2, 3, 5, and 6 if there are no interested	rs. ad narties.		OFFICE US						
11	Name of business entity filing form, and the city, st of business, Frontera Materials, Inc.	·	Ce	rtificate Number: 18-308024						
	Elsa, TX United States	state agency that is a party to the contract for which the form is								
t	being filed. City of McAllen			e Acknowledged 21/2018	1					
- c (	Provide the Identification number used by the gove description of the services, goods, or other propert 02-18-P13-62 Purchase & Delivery of Type "D" Hot Mix Asphal	ber used by the governmental entity or state agency to track or identify the contract, and provide a ods, or other property to be provided under the contract.								
4					finterest					
-	Name of Interested Party	City, State, Country (place of b	isiness)	(check a Controlling	oplicable) Intermed					
5 C	heck only if there is NO Interested Party.									
6 U	NSWORN DECLARATION									
м	iy name is	, and my date	of birth l	S						
М	iy address is		(state)	(zlp code)	(country)					
Ì	declare under penalty of perjury that the foregoing is tr	ue and correct.								
E	xecuted in	County, State of, on t	ne	day of (month)	, 20 (yea					
		Signature of authorized agent of (Declarant)	contractin	ig business entity						
	s provided by Texas Ethics Commission	www.ethics.state.tx.us		Vor	sion V1.0.					

CERTIFICATE OF INTERESTED PAR	RTIES	FOI	RM <b>1295</b>
Complete Nos. 1 - 4 and 6 if there are interested parties.	· · · ·	OFFICE US	EONLY
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partles.		CERTIFICATION	
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	ntry of the business entity's place	Certificate Number: 2018-310279	
Hallf Associates, Inc. McAllen, TX United States		Date Filed;	
<ol> <li>Name of governmental entity or state agency that is a party to the being filed.</li> </ol>	he contract for which the form is	02/06/2018	
City of McAllen		Date Acknowledged	:
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 09-17-S48-357	ilty or state agency to track or identify ded under the contract.	the contract, and pro	ovide a
SURVEYING SERVICES (FEMA HAZARD MITIGATION GR	ANT PROGRAM (HMGP) PROJECT	rs DR-4223 & DR-4	245
4 Manual of Internated Darity	City, State, Country (place of busine		of interest
Name of Interested Party	City, State, Country (place of pusine	Controlling	pplicable) Intermediary
Garcia, Raul	McAllen, TX United States	x	-
Zapalac, Russell	Austin, TX United States	×	
Tanksley, Dan	Richardson, TX United States	×	
Skipwith, Walter	Richardson, TX United States	x	
Murray, Menton	McAllen, TX United States	x	
Plugge, Roman	Richardson, TX United States	x	
Moya, Mike	Austin, TX United States	x	
Kunz, Pat	Richardson, TX United States	х	
Kuhn, Greg	Richardson, TX United States	х	
Killen, Russell	Richardson, TX United States	x	
Ickert, Andrew	Fort Worth, TX United States	x	
Jackson, Todd	Austin, TX United States	x	
Edwards, Mark	Richardson, TX United States	x	
Craig, Matthew	Richardson, TX United States	×	
Bargainer, Tim	Austin, TX United States	x	
Adams, Bobby	Houston, TX United States	×	
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CE	RTIFICATE OF INTERESTED F	PARTIES		FOR	т 12
					2
Comp	iete Nos. 1 - 4 and 6 if there are interested parties. iete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	Ac		OFFICE US	
1 Name	of business entity filing form, and the city, state and			ficate Number:	
of bus	iness, Associates, Inc.		2018	3-310279	
McAll	en, TX United States of governmental entity or state agency that is a par	in to the contract for which the form is		Filed: 6/2018	
being	filed. f McAllen		Date	Acknowledged:	
descri 09-17	le the identification number used by the governmen ption of the services, goods, or other property to be -S48-357 /EYING SERVICES (FEMA HAZARD MITIGATIC	e provided under the contract.			
4	Name of Interested Party City, State, Country (place of busin		iness)	Nature o (check aj	
	2. Carlos -			Controlling	Interm
	only if there is NO Interested Party.				
	DRN DECLARATION				~ · · · · · · · · · · · · · · · · · · ·
My nan	18 15 RHUL GARCIA, JR.	, and my date o	of birth is	04/2011	975
My add	ress is <u>5000 (J. MILTDARY Highlyn</u> (streel)	y, STE 100, MCALLEN, - (city)	TX	78503 (zip code)	<u>USA</u> (count
t decla	re under penalty of perjury that the foregoing is true and	I correct.	•		
Execut	ed in HIDAL GO	County, State of <u>TEXAS</u> , on the	∋ <u>6711.</u> d	lay of <u>FEB.</u> (monih)	, 20 <u>_</u> [¿ (y
		Neor	*		
		Signature of authorized agent of co (Baclarant)	ontracting	i business entity	
Forms pro	wided by Texas Ethics Commission W	ww.ethics.state.tx.us		Ver	slon V1.

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FORM 1295

				1 of 2
Complete Nos. 1 - 4 and 6 if there are interested parities. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es,	CE	OFFICE US	
<ol> <li>Name of business entity filing form, and the city, state and of business.</li> </ol>	l country of the business entity's place	Certificate Number: 2018-310279		
Halff Associates, Inc. McAllen, TX United States		Date	Filed:	
<ol> <li>Name of governmental entity or state agency that is a part being filed.</li> </ol>	ly to the contract for which the form is	02/0	6/2018	
City of McAllen	0		Acknowledged: 0/2018	
3 Provide the identification number used by the government description of the services, goods, or other property to be	tal entity or state agency to track or identify provided under the contract.	the c	ontract, and pro	vide a
09-17-S48-357 SURVEYING SERVICES (FEMA HAZARD MITIGATIO	N GRANT PROGRAM (HMGP) PROJEC	TS DI	R-4223 & DR-4	245
4 Nome of Interacted Darly	City, State, Country (place of busin	(070		f interest oplicable)
Name of Interested Party	Giry, State, Country (place of busine	essj	Controlling	Intermediary
Garcia, Raul	McAllen, TX United States		х	
Zapaiac, Russell	Austin, TX United States		х	
Tanksley, Dan	Richardson, TX United States		x	
Skipwith, Walter	Richardson, TX United States		х	
Murray, Menton	McAllen, TX United States		x	***
Plugge, Roman	Richardson, TX United States		X	
Moya, Mike	Austin, TX United States		×	
Kunz, Pat	Richardson, TX United States		х	
Kuhn, Greg	Richardson, TX United States		х	
Killen, Russell	Richardson, TX United States		x	
Ickert, Andrew	Fort Worth, TX United States		x	
Jackson, Todd	Austin, TX United States		x	
Edwards, Mark	Richardson, TX United States		x	
Craig, Matthew	Richardson, TX United States		x	
Bargainer, Tim	Austin, TX United States		x	
Adams, Bobby	Houston, TX United States		X	

Forms provided by Texas Ethics Commission

UEK	TIFICATE OF INTEREST			FO	<b>RM 1295</b> 2 of 2	
Complete Complete	Nos. 1 - 4 and 6 if there are interested partie Nos. 1, 2, 3, 5, and 6 if there are no interest	ės. ied parties.	ĊE	OFFICE US		
of busine		the city, state and country of the business entity's place		Certificate Number: 2018-310279		
McAllen, 2 Name of	TX United States governmental entity or state agency that i	is a party to the contract for which the form is		Filed: )6/2018		
being file City of M				Acknowledged	:	
description 09-17-S4	on of the services, goods, or other proper 18-357	ernmental entity or state agency to track or iden ty to be provided under the contract. IGATION GRANT PROGRAM (HMGP) PROJ				
4	Name of Interested Party	City, State, Country (place of bu	siness)	1	of interest pplicable)	
				Controlling	Intermediary	
	a an ann an taoige an taoige dh'feile a bha ann an taoige an taoige an taoige an taoige an taoige an taoige an					
	· · · · · · · · · · · · · · · · · · ·					
5 Check on	ly if there is NO Interested Party.	]		<u>.</u>		
6 UNSWORI	N DECLARATION					
My name is	S	, and my date	óf þirth ís	i	·	
My addres	s is(street)		(state)	(zip code)	.' (country)	
I declare u	nder penalty of perjury that the foregoing is t	rue and correct.				
Executed I	n	County, State of, on th	e(	lay of(month)	, 20 (year)	
		Signature of authorized agent of c	ontracting	g business entity		
Forms provid	ed by Texas Ethics Commission	www.ethics.state.tx.us		Ver	sion V1,0.5523	

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	CERTIFICATE OF INTERESTED PARTIE	S		FOR	M <b>1295</b>
	Complete 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 of business.	the business entity's place		ficate Number: -313175	
	Trillion Av, LLC Austin, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the cor being filed.	tract for which the form is	- 02/13	3/2018	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided u 11-17-S18-251 Aviation Business Consultant Services	state agency to track or ident nder the contract.	ify the co	ontract, and prov	vide a
F		······································	مريح والمراجع	Nature of	
4	Name of Interested Party City	, State, Country (place of bus	iness)	(check ar Controlling	plicable) Intermediary
-		· · · · · · · · · · · · · · · · · · ·		Controlling	internitedia, j
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	Province and the second s				
	PHIMPLE PHIMPLE				
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	· · · · · · · · · · · · · · · · · · ·				
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>Daniel Benzon</u>	, and my date o	of birth is	5 28	1970
	71 21 Manlas Drive	Avstin	ĩv	78135	() <a< td=""></a<>
	My address is(6 CL 11 IEA DE VC (street)		(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.		Ł.		
	Executed In	$e  ext{ of } \underline{Texas},  ext{ on the }$	9 <u>13</u> d	ay of <u>Februari</u> (monih)	∠, 20 <u>(8</u> . (year)
	KELLY W, BENZON My Notary ID # 126874177	TRA			
		nature of authorized agent of co	ntracting	business entity	
	Expires April 17, 2021 Kelly Bingn Sig	13/18 (Declarant)			

Forms provided by Texas Ethics Commission

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Version V1.0.5523

## FORM 1295

					1 of 1
F	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.		CEI	RTIFICATION	OF FILING
1		v of the business entity's place	Certi	ficate Number:	
+	of business.	,	2018	3-313175	
	Trillion Av, LLC				
	Austin, TX United States		Date Filed:		
2		contract for which the form is	02/13/2018		
	being filed,		Date	Acknowledged:	
	City of McAllen			1/2018	
L	Provide the identification number used by the governmental entity	or state anongy to track or identify	the c	ontract, and prov	/ide a
3	description of the services, goods, or other property to be provide	d under the contract.		onnaug and pro-	
	11-17-S18-251				
	Aviation Business Consultant Services				
				11-2	
4		Otto Otto Occuptor (place of bucch		Nature of (check ap	
Ľ	Name of Interested Party	City, State, Country (place of busin	955)	Controlling	Intermediary
┡				Controlling	Internetting
┝					······································
$\vdash$					
5	Check only if there is NO Interested Party.				
		9 · · · · · · · · · · · · · · · · · · ·			
6	UNSWORN DECLARATION				
	My name is	and my date of	hirth le		
	My name is		57 61 10		*
	the estimate is			•	
	My address Is (street)	(city) (sta	ate)	(zip code)	(country)
	(~~~~)				
	I declare under penalty of perjury that the foregoing is true and correct.				
Í					
1	Executed inCounty,	State of, on the _	c	lay of(month)	_, 20
				(month)	(year)
		Signature of authorized agent of cont	racting	g business entity	
L		(Declarant)	_		
Fo	rms provided by Texas Ethics Commission www.ethi	cs.state.tx.us		Ver	sion V1.0.5523

CEI	RTIFICATE OF INTERE	STED PAR	TIES		FOF	м <b>1295</b>	
						1 of 1	
Compl Compl	ete Nos, 1 - 4 and 6 if there are interested ete Nos, 1, 2, 3, 6, and 6 if there are no in	l parties. Iterested parties.	· · · · · · · · · · · · · · · · · · ·	CI	OFFICE USE ONL CERTIFICATION OF FI		
of bus Sliver	of business entity filing form, and the o Iness. Ribbon Community Parlners, SRCP an, TX United States	city, state and coun	try of the business ently's pla	203	Certificate Number; 2017-279658 Date Filed;		
being	of governmental entity or state agency lifed, f McAllén, CDBG Department	that is a party to th	e contract for which the form		02/2017 e Acknowledged:		
descri B-17N	e the identification number used by the otion of the services, goods, or other p IC-48-0506 Stal assistance to the elderly(65+) & d ines	roperty to be provi	led under the contract.	·			
4	Name of Interested Party		City, State, Country (place o	i business)	(check a	· · · · · · · · · · · · · · · · · · ·	
	49				Controlling	intermediary	
2 Charles	nalu lédores la MO Internal d'Anto			· · · · · · · · · · · · · · · · · · ·			
GUBCK	anly if there is NO interested Party.	$\mathbf{X}$					
AFFIDA	VIT ANNABEL GARZA Notary Public, State of Texad Comm. Expires 02-08-2021 Notary ID 130999106	t swear, or a	Illirm, under perially of periury, the Second Signature of authorized appril	Velala	nade	and correct.	
	OTARY STAMP / SEAL ABOVE o and subscribed before me, by the said, to certify which, witness my hand an		a Maldouade, mis n	1e_3/C	day of	<u>ov</u> .	
	mobil Hors -	Annabel Printed name of o	GARZA	Title of a	at any f	ubli' goath	
	ded by Texas Ethics Commission	www.oth	cs.slate.tx.us		1/24	lón V1.0.3337	

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CERTIFICATE OF I	INTERESTED	PARTIES
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					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION	
1	of husiness. Silver Ribbon Community Partners, SRCP	ng form, and the city, state and country of the business entity's place Partners, SRCP			
2	McAllen, TX United States Name of governmental entity or state agency that is a party to t	he contract for which the form is		e Filed: 02/2017	
	being filed. City of McAllen, CDBG Department		Date Acknowledged: 02/23/2018		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov B-17MC-48-0506 Financial assistance to the elderly(65+) & disabled (18+) wi	ided under the contract.			1
	medicines				f interest
4	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	of birth is		·
	My address is	,,,	(state)	(zip code)	,
				trib poord	(
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCouni	y, State of, on the	ed	ay of (month)	_, 20 (year)
		Signature of authorized agent of co (Declarant)	ntracting	business entity	
Fo	ms provided by Texas Ethics Commission www.et	hics.state.tx.us		Vers	ion V1.0.3337

			RM 1295
•			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested pa	rties,	OFFICE US	
<ol> <li>Name of business entity filing form, and the city, state a of business, GRAPEVINE DCJ, LLC</li> </ol>	und country of the business entity's place	Certificate Number 2018-305094	;
GRAPEVINE, TX United States 2 Name of governmental entity or state agency that is a particular state agency	arty to the contract for which the form is	Date Filed: 01/23/2018	
being filed. CITY OF MCALLEN		Date Acknowledge	d:
3 Provide the Identification number used by the governme description of the services, goods, or other property to 1 01-18-P11-79 trucks		fy the contract, and pr	ovide a
4 Name of Interested Party	City, State, Country (place of bus		of interest applicable) Intermediary
BUEHLMAN, BRANDON	GRAPEVINE, TX United States		interinediary
	· · · · · · · · · · · · · · · · · · ·		
<u>, ,</u>			
		· · · · · · · · · · · · · · · · · · ·	
1			
			l
Check only if there is NO interested Party.			
UNSWORN DECLARATION		0	
My name is Dennis Mom	<u>مرا</u> , and my date of		1475
My name is Dennis Thomas My address is 300 M Alland 14 19 (slipeol)	<u>06 Dalles (</u> (s)	x, 75201 (zip code)	, <u>USA</u> . (country)
I declare under penalty of perjury that the foregoing is true and	i correct.	1	
Executed in Tourneut	_County, State of, on the	23 day of <u>Sou</u> (month)	_, 20_14. (year)
	(SP)		

CERTIFICATE OF INTERESTE	D PARTIES		FOR	м 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	, I panies,	CEI	OFFICE US	
Name of business entity filing form, and the city, sta of business. GRAPEVINE DCJ, LLC GRAPEVINE, TX United States				
Name of governmental entity or state agency that is being filed. CITY OF MCALLEN	a party to the contract for which the form is	Date	3/2018 Acknowledged: 8/2018	
Provide the identification number used by the gover description of the services, goods, or other property 01-18-P11-79 trucks	nmental entity or state agency to track or identify to be provided under the contract.	the ce	ontract, and pro	vide a
			Nature o	f interest
Name of Interested Party	City, State, Country (place of busi	ness)	· · · · · ·	oplicable)
			Controlling	Intermediary
BUEHLMAN, BRANDON	GRAPEVINE, TX United States		х	
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is	, and my date of	f birth is		·
My address is	(city) (st	state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is tru	ue and correct.			
Executed in	County, State of; on the	¢	lay of (month)	, 20 (year)
	Signature of authorized agent of co (Declarant)	ntracting	j business entity	
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Ver	sion V1.0.552

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CERTIFICATE OF INTERESTED PA	ARTIES	<del>,</del> i, ,	FOI	ам <b>1295</b>
	e en altra de la completa de la comp		:	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	E ONLY N OF FILING
1 Name of business entity filing form, and the city, state and o	ate and country of the business entity's pince Certificate		áte Number:	
of business. Four Stats Ford		2018-3	30,5406	
Jacksboro, TX United States		Date Fi	•	
<ol> <li>Name of governmental entity or state agency that is a party being filed.</li> </ol>	to the contract for which the form is	01/24/2	2018	
City of McAllen	:	Date A	knowledged	:
3 Provide the identification number used by the governmental description of the services, goods, or other property to be p	entity or state agency to track or identif rovided under the contract.	y the con	tract, and pro	ovide a
01-18-P11-79	-			
Rolling Stock 2018				
4 Starra ad Inderson to Durity				f interest
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77 m <sup>1</sup>				<del>دا هر، بر الماريني الماريني الم</del> راج
Check only if there is NO Interested Party,		<u></u>	**************************************	<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>
<u>×</u>	م مربع المربع ا			• • • • • • • • • • • • • • • • • • •
My name is STEPF CROWINS	, and my date of t	birth is	7-7-5	56.
My address is 1612 Summit Aug # 2				TAWAS
(streat)		ate)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and con	and the second s		:	_
Executed inCon	unly_Stale of EXVAS _, on the 1	23 day d	•	20 18
		、	rnonth)	(уевг)
	Signature of authorized agent of cont. (Declarent)	) racting but	siness entity	<del> </del>
•	(Declarani)			

CERTIFICATE OF INTEREST	ED PARTIES		FOF	м <b>1295</b>
				1 of 1
Complete Nos, 1 - 4 and 6 if there are interested partie Complete Nos, 1, 2, 3, 5, and 6 if there are no intereste	S. ad narties	65	OFFICE US	
<ol> <li>Name of business entity filing form, and the city, st</li> </ol>		_	ificate Number:	
of business.			8-305406	
Four Stars Ford		Data	Filed:	
Jacksboro, TX United States 2 Name of governmental entity or state agency that is	s a party to the contract for which the form is		4/2018	
being filed.			•	
City of McAllen			Acknowledged: 8/2018	
3 Provide the identification number used by the gove	rnmental entity or state agency to track or identi	fy the c	ontract, and pro	vide a
description of the services, goods, or other propert 01-18-P11-79	y to be provided under the contract.		-	
Rolling Stock 2018				
-			Nature o	finterest
A Name of Interested Party	City, State, Country (place of busi	ness)		plicable)
			Controlling	Intermedia
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	Armidelikan, I alizzariarian (1999)			
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is	, and my date of	birth is		
			-	
My address is				··
(street)	(city) (s	state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is tr	ue and correct.			
Evenued in	County. State of	ć	av of	. 20
Executed in			(month)	(year)
	Signature of authorized agent of cor (Declarant)	ntracting	i businėss entity	
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Ver	tion V1.0.55

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CERTIFICATE OF INTERESTED PAR	ΓIES		FOF	RM <b>1:295</b> 1 of 1	
Complete Nos. 1 – 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILI			
Nanie of Businëss entity filing form, and the city, state and count of business. Core & Main LP MoAllen, TX United States     Name of governmental entity or state agency that is a party to the being filed.					
City of McAllen TX		Dațte	Acknowledged	1	
Provide the identification number used by the governmental entit description of the services, goods, of other property to be provid PROJECT NO. 01-18-SP06-50 SUPPLY CONTRACT FOR THE PURCHASE OF METER BO	ed under the contract.	ty the c	ontract, and pro	Vida a	
Name of Interested Party	City, State, Country (place of bus	ness)		f interest pplicable}	
······································			Controlling	Intermediary	
ε,					
Checkonly if there is NO Interested Party.					
My name to ROEL CAREA	, and my dala of	birth Ìs _	3/20/	60.	
My address (s. <u>2803</u> <u>LILIAC AIL</u> (street)		iate)	78577 (zip code)	Country)	
I declare under penalty of perjury that the foregoing is true and correct.	**********			i	
Rosa E E oss Auritans Public	state of <u>lexas</u> on the	<u>24/</u> 3:	ay of <u>fai<i>t (thi t</i>í (month)</u> (month)	(Year)	
ROSA E. COSS Notary Public, State of Texas Dat 12450160-5	Signature of buthorized agent of com (Declarant)	tracling	business enility		
ms provinces of the set of the se	s,state.tx,us		Vers	ion V1.0.5529	

	CERTIFICATE OF INTERESTE	D PARTIES		FOI	RM <b>1295</b>				
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE US					
4	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested Name of business entity filing form, and the city, stat	·		RTIFICATION OF FILING ificate Number: 3-304527 Filed:					
	of business. Core & Main LP McAllen, TX United States		201						
	Name of governmental entity or state agency that is a being filed.	a party to the contract for which the form is	01/2	3/2018					
	City of McAllen TX			Date Acknowledged: 03/02/2018					
3	Provide the identification number used by the govern	mental entity or state arrency to track or ident			wide a				
-	description of the services, goods, or other property PROJECT NO. 01-18-SP06-50 SUPPLY CONTRACT FOR THE PURCHASE OF	to be provided under the contract.							
4	Name of Interested Party	City, State, Country (place of bus	iness)						
				Controlling	Intermediary				
		· · • · · · · · · · · · · · · · · · · ·							
	Check only if there is NO Interested Party.		1		· · · · · · · · · · · · · · · · · · ·				
	UNSWORN DECLARATION								
٨	Ny name is	, and my date of birth Is							
V		· ·	A:1 4-1	/					
	(street)	(city)	state)	(zip code)	(country)				
ł	declare under penalty of perjury that the foregoing is true and correct.								
E	Executed in	County, State of, on the	ed						
		(month) (year)							
		Signature of authorized agent of co	ntracting	business entity					
		(Declarant)							

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CERTIFICATE OF INTERESTED PAR	ICATE OF INTERESTED PARTIES		RM 1295			
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	ete Nos, 1 - 4 and 6 if there are interested parties. ete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
	ame of business entity filing form, and the city, state and country of the business entity's place					
of business, Rush Truck Centers of Texas, LP	2018-300562					
New Braunfels, TX United States		Date Filed: 01/09/2018				
2 Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is					
City of McAllen	Date Acknowledged:					
3 Provide the identification number used by the governmental end description of the services, goods, or other property to be provi 01-18-P08-136 PURCHASE OF NEW CURRENT MODEL CAB & CHASSIS	ded under the contract.	the contract, and pro	vide a			
· · · · · · · · · · · · · · · · · · ·		Nature o	finterest			
4 Name of Interested Party	City, State, Country (place of busine	ss) (check aj	pplicable)			
		Controlling	Intermediary			
Lyons, Michael	New Braunfels, TX United States					
Weaver , Derrek	New Braunfels, TX United States	×				
Keller, Steve	New Braunfels, TX United States	X				
Andersön, Scott	New Braunfels, TX United States	X				
Rush, W.M. "Rusty"	New Braunfels, TX United States	×				
Rushtex, Inc.	New Braunfels, TX United States	x				
Rushco, Inc.	New Braunfels, TX United States	x				
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·					
Mynamels Michael S. Lyons	, and my date of bir	th is 8/201/1	66			
My address is <u>5551H35 Susth</u> Stesue (streat)	<u>New Brunnlels, 7%</u> (cliv) (state		USA (country)			
I declare under penalty of perjury that the foregoing is true and correct.	• ſ					
Executed inCome(County,	, State of <u>「そくん</u> 」, on the <u></u> ハ	12 day of Tanuar	2017			
Citizzio (inCOUR)	Mh		(year)			
	Signature of authorized agent of contrac (Declarant)	ting business entity				
orms provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Versi	on V1.0.3337			

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CERTIFICATE OF INTERESTED	ERTIFICATE OF INTERESTED PARTIES						
				1 of 2			
Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	. 1 - 4 and 6 if there are interested parties, . 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILIN			
of business.				Certificate Number: 2018-300562			
New Braunfels, TX United States	sh Truck Centers of Texas, LP v Braunfels, TX United States he of governmental entity or state agency that is a party to the contract for which the form is		Date Filed: 01/09/2018				
2 Name of governmental entity or state agency that is a being filed. City of McAllen	Date Acknowledged: 02/15/2018						
3 Provide the identification number used by the governme description of the services, goods, or other property to 01-18-P08-136 PURCHASE OF NEW CURRENT MODEL CAB & C	o be provided under the contract.		and prov	lide a			
4		1		interest			
A Name of Interested Party	City, State, Country (place of busin	iess) (c Contro		plicable) Intermedia			
Lyons, Michael	New Braunfels , TX United State		innið [	menneu			
Weaver , Derrek	New Braunfels, TX United State	s X					
Keller, Steve	New Braunfels, TX United State	s X					
Anderson, Scott	New Braunfels, TX United State	s X					
Rush, W.M. "Rusty"	New Braunfels, TX United State	s X					
Rushtex, Inc.	New Braunfels, TX United State	s X					
Rushco, Inc.	New Braunfels, TX United State:	s X					
5 Check only if there is NO Interested Party.		<u></u>					
6 UNSWORN DECLARATION							
My name is	, and my date of birth is						
My address is	,, ,, ,, ,, ,, ,, ,, ,, ,, ,, , ,, ,, ,, ,, , ,, ,, ,, ,, , ,, , ,, ,, ,, ,, , ,, , ,, , ,, ,, , ,, , , ,	ale) (zlp co	, ode)	(country)			
I declare under penalty of perjury that the foregoing is true	and correct.						
Executed in	County, State of, on the	day of	(month)	, 20 (year)			
	Signature of authorized agent of contracting business entity						
Forms provided by Texas Ethics Commission	(Declarant)		Vers	ion V1.0.3			

	CERTIFICATE OF INTERESTED PAR	TIES	FO	RM <b>1295</b>
F				
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	
1	Name of business entity filing form, and the city, state and count of business. Santex Truck Centers LTD. dba Kyrish Truck Center	try of the business entity's place	Certificate Number: 2018-318310	
2	San Antonio, TX United States Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 02/23/2018	
	being filed. City of McAllen		Date Acknowledged	:
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 01-18-P08-136 Purchase of new, current model cab/chassis with refuse bodie	led under the contract.	the contract, and pro	ovide a
4	Mome of Interacted Darky	City, State, Country (place of busine		of interest pplicable)
	Name of Interested Party	City, state, country (made or busine	Controlling	Intermediary
_				
		······································		
5	Check only if there is NO Interested Party.			
	JNSWORN DECLARATION			
1	Ay name is LUAYNE A. Kyrish	, and my date of bin	th is 07-05-	1953.
ļ	Ay name is UAYNE A. KYRISh Ay address is 1380 ACKERMAN Rd (streat)	<u>, SAN ANTONIO, TX</u> (cily) (state	, <u>'78219</u> , ) (zip cade)	BEXAR (country)
	declare under penalty of perjury that the foregoing is true and correct.			
	Executed in $\underline{BEX1R}$ .	State of Trexas, on the 2	Cday of F56 (month)	_, 20 <u>/ 8</u> . (year)
		Wayne A. K	,	
		Signature of authorized agent of contrac (Declarent)	ting bysiness entity	
orr	ns provided by Texas Ethics Commission www.ethic	s.state.tx.us	Versi	ion V1.0.5523

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CERTIFICATE OF INTEREST	ED PAR	<b>FIES</b>		FOF	м <b>129</b>	
	l	· · · · · · · · · · · · · · · · · · ·			<b>1</b> of	
Complete Nos. 1 - 4 and 6 if there are interested part Complete Nos. 1, 2, 3, 5, and 6 if there are no interes			OFFICE USE ONLY CERTIFICATION OF FIL			
of business.	Santex Truck Centers LTD. dba Kyrish Truck Center San Antonio, TX United States					
San Antonio, TX United States						
<ol> <li>Name of governmental entity or state agency that being filed.</li> </ol>	is a party to the	e contract for which the	101(1) 15	02/23/2018		
City of McAllen				Date Acknowledged: 02/27/2018		
3 Provide the identification number used by the gov description of the services, goods, or other proper 01-18-P08-136 Purchase of new, current model cab/chassls will	rty to be provid	ed under the contract.	ck or identify t	he contract, and pro	vide a	
4	I				f interest	
Name of Interested Party		City, State, Country (p	lace of busine	cneck a Controlling	plicable) Intermed	
					· · · ·	
		anna A				
5 Check only if there is NO Interested Party.	3					
6 UNSWORN DECLARATION						
My name is		, an	d my date of bi	th is		
My address is				f	·	
(street)		(city)	(state	e) (zip code)	(country)	
I declare under penalty of perjury that the foregoing is	true and correct.					
Executed in	County,	State of	, on the	day of	_, 20	
				(month)	(yea	
	. <u></u>	Signature of authorized	agent of contra	cling business entity		
Forms provided by Texas Ethics Commission	www.ethi	cs.state.tx.us		Ven	sion V1.0.	

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Acknowledged 1295 2/28/18 RS (

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Complete Nos, 1 - 4 and 5 if there are intercented parties.       OFFICE USE ONLY         Complete Nos, 1 - 4 and 5 if there are intercented parties.       CRTIFICE USE ONLY         I - Mano of futures and there are intercented parties.       CRTIFICE USE ONLY         I - Mano of futures and there are intercented parties.       CRTIFICE USE ONLY         I - Mano of futures and there are intercented party.       CRTIFICE USE ONLY         I - Mano of futures are intercented party.       Data Filed.         I - Mano of interested party.       Data Filed.         I - Mano of Interested Party.       City, State, Country (place of busines).       Nature of interesting intervention in the services, goods, or other property to be provided under the contract.       Mature of interesting intervention.         I - Mano of Interested Party.       City, State, Country (place of busines).       Nature of interesting intervention.         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Image: State and					
Complete Nes. 1-4 and 5 if there are bistrated parties.       OFFICE USE ONLY         Camplete Nes. 1-4 and 5 if there are bistrated parties.       CRTIFICE USE ONLY         1 Mere of functions ontity thing term, and the city, state and country of the business entity's place       CRTIFICE USE ONLY         1 After COUNTRY CHEWROLEF       JASE FOUNT CHEWROLEF         JASE FOUNT CHEWROLEF       JASE FOUNT CHEWROLEF         9 Provide the identification number used by the governmental entity or state agency to track or identify the centract, and provide a description of the services, goods, or other property to be provided under the contract.         01:38/10-60       POLICE PACKAGE VEHICLES         4       Name of Interested Party         BIDDY, ROBBIE       KOUNTZE, TX United States         BIDDY, ROBBIE       KOUNTZE, TX United States         Status of Interested Party       City, State, Country (place of business)         Method with the services, goods, or other property to be provided under the contract.         DONALSON, DREW       Silebee, TX United States         5       Check conty if there is ND Interested Party.         6       UNSWORN DECLARATION         My name is       Life Adverse         My name is       Life Adverse         Grant Mitty of the foregoing is true and curred.         Evended in the orders of the foregoing is true and cured.         Evend		PARTIES	FC		
Complete No. 1, 2, 3, 5, and 6 if there are no historeside parties.       CERTIFICATION OF FIL         1 Name of business and fully tilting form, and the city, state and country of the business and/or place of business.       CERTIFICATION OF FIL         2 Name of powermonicital endity or state agency that is a party to the contract by which the form is business.       Data Filed:       Data Filed:         3 Provide the level(headino number used by the governmental and/ty or state agency to track or Mentify the contract, and provide a description of the services, goods, or other preparty to be provided under the contract.       Mature of interest         4       Name of Interested Party       City, State, Country (place of business)       Nature of interest         8       Name of Interested Party       City, State, Country (place of business)       Nature of interest         9       Name of Interested Party       City, State, Country (place of business)       Nature of interest         9       Name of Interested Party       City, State, Country (place of business)       X       Interested Party         9       City, State, Country (place of business)       X       Interest       X       Interest         9       Name of Interested Party       City, State, Country (place of business)       Nature of interest       Controlling       Interest         9       Interested Party       City, State, Country (blace of bith is       1/2/1/2/2/2       Int				1 of 1	
of biblines.       2016-303136         LARE COUNTRY CHEVROLET       3.5 Provide the identification number used by the governmental entity or state agency to track or identify direcontract, and provide a description of the sorvices, goods, or other property to be provided under the contract.       0.118/2018         3       Provide the identification number used by the governmental entity or state agency to track or identify dire contract, and provide a description of the sorvices, goods, or other property to be provided under the contract.       0.118/2018         4       Name of interested Party       City, State, Country (place of business)       Rature of Interested (encoded under the contract.         8       Nome of interested Party       City, State, Country (place of business)       Rature of Interested (encoded under the contract.         8       DONALSON, DREW       Silsbee, TX United States       X       Image: Controlling Interested (encoded under the contract.         5       Check only if there is ND Interested Party.       Image: Controlling Interested Party.       Image: Controlling Interested Party.         6       UNSWORN DECLARATION       My address is 12945       Mercested control (control) (contro) (control) (contr		ties,			
being filed. City OF MCALLEN       Data Asknowledged:         3       Provide the identification number used by the governmental entity or state agency to frack or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.         3       Provide the identification number used by the governmental entity or state agency to frack or identify the contract, and provide a description of the services.         4       Name of Interested Party       City, State, Country (place of business)       Nature of Interest.         9       POLICE PACKAGE VEHICLES       KOUNTZE, TX United States       X         9       Controlling       Internet         BIDDY, ROBB/E       KOUNTZE, TX United States       X         0       Silsbee, TX United States       X         1       Silsbee, TX United States       X         1       Silsbee, TX United States       X         1 </td <td></td> <td></td> <td>Date Filed:</td> <td></td>			Date Filed:		
3       Provide the identification number used by the governmental entity or state agency to track or identify the contract.         3       Provide the identification number used by the governmental entity or state agency to track or identify the contract.         01-18-P10-60       POLICE PACKAGE VEHICLES         4       Name of interested Party       City, State, Country (place of business)       Nature of interest (citicat applicable)         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Controlling       Interest         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Interest       Interest         5       Check only if there is NO interested Party.       Interested Party.       Interested Party.       Interested Party.         5       UNSWORN DECLARATION       and my date of birth is       12/12/80       My andres is       12/12/80         My andres is       Interested party.       Interested party.       Interested party.       Interested party.       Interested party.       Interested party.         5       UNSWORN DECLARATION       and my date of birth is       12/12/80       Interested party.	<ol> <li>Name of governmental entity or state agency that is a patheling filed.</li> </ol>	rty to the contract for which the form is	01/18/2018		
description of the services, goods, or other property to be provided under the contract.       01-18-710-60         POLICE PACKAGE VEHICLES       Nature of Interested Party       City, State, Country (place of business)       Nature of interested applicable)         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Controlling       Interested         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Controlling       Interested         BIDDY, ROBBIE       Silsbee, TX United States       X       Controlling       Interested         Solution       Solution       Solution       Solution       Interested       Solution         Solution       Solution       Solution       Solution       Solution       Solution       Solution         Solution       Solution       Solution       Solution       Solution       Solution       Solution       Solution       Solution <td< td=""><td>CITY OF MCALLEN</td><td></td><td>Date Acknowledge</td><td>d;</td></td<>	CITY OF MCALLEN		Date Acknowledge	d;	
4       Name of Interested Party       City, State, Country (place of business)       (check applicable)         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Interme         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Interme         DONALSON, DREW       Silisbee, TX United States       X       Interme         DONALSON, DREW       Interme       Interme       Interme         DONALSON, DREW       Silisbee, TX United States       X       Interme         DONALSON, DREW       Silisbee, TX United States       X       Interme         Silisbee, TX United States       Interme       Interme       Interme         Solution       Interme       Interme       Interme       Interme         Solution       Interme       Interme       Interme       Interme         Solution       I	description of the services, goods, or other property to b 01-18-P10-60	ntal entity or state agency to track or identi e provided under the contract.	the contract, and p	rovide a	
4       Name of Interested Party       City, State, Country (place of business)       (check applicable)         BIDDY, ROBBIE       KOUNTZE, TX United States       X       Image: controlling interested         BIDDY, ROBBIE       Silsbee, TX United States       X       Image: controlling interested         DONALSON, DREW       Silsbee, TX United States       X       Image: controlling interested         DONALSON, DREW       Silsbee, TX United States       X       Image: controlling interested         Image: controlling interested Party.       Image: controlling interested Party.       Image: controlling interested Party.         5       Check only if there is NO Interested Party.       Image: controlling interested Party.       Image: controlling interested Party.         6       UNSWORN DECLARATION       My name is <u>Prick Kourne</u> , and my date of birth is <u>12/12/\$U</u> My address is <u>12945</u> US controlling interested controlling interested.         Executed in <u>Hardorn</u> (controlling is fue and correct.       Executed in <u>Hardorn</u> on the 15 day of <u>Streament</u> 20 14 (month)       Up and the set of the interested in t	• •		Nature	ofinterest	
BIDDY, ROBBIE       KOUNTZE, TX United States       X         DONALSON, DREW       Silsbee, TX United States       X         Silsbee, TX United States	4 Name of Interested Party	City, State, Country (place of busi			
DONALSON, DREW       Silsbee, TX United States       X         DONALSON, DREW       Silsbee, TX United States       X         Silspinutra of nutrofficed-sagett Grantzating Unitshess entity (besilses)       Silspinutra of nutrofficed-sagett Grantzating Unitshess entity (besilses)	·		· · ·	Intermediary	
5       Check only if there is NO interested Party.         5       Check only if there is NO interested Party.         6       UNSWORN DECLARATION         My name is	BIDDY, ROBBIE	KOUNTZE, TX United States	×		
6 UNSWORN DECLARATION My name is <u><i>Rick brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>west cluster</u> , <u><i>Security</i>, <u>Tt</u>, <u>77215</u>, <u>US</u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u><i>Hardrin</i></u> County, State of <u>TM</u> on the <u>18</u> day of <u><i>Semicorp</i></u>, 2018 (monthly types</u>	DONALSON, DREW	Silsbee, TX United States	x		
6 UNSWORN DECLARATION My name is <u><i>Rick brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>westchesten</u> , <u>Securitiestic</u> , <u>Tr. 77213</u> , <u>US</u> (street) (city) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u><i>Hardom</i></u> County, State of <u>TM</u> on the <u>18</u> day of <u>Security</u> , 20118 (monitor) (yea	· ·				
6 UNSWORN DECLARATION My name is <u><i>Rick brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>west cluster</u> , <u><i>Security</i>, <u>Tt</u>, <u>77215</u>, <u>US</u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u><i>Hardrin</i></u> County, State of <u>TM</u> on the <u>18</u> day of <u><i>Semicorp</i></u>, 2018 (monthly types</u>	· · · · · · · · · · · · · · · · · · ·				
6 UNSWORN DECLARATION My name is <u><i>Rick brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>west cluster</u> , <u><i>Security</i>, <u>Tt</u>, <u>77215</u>, <u>US</u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u><i>Hardrin</i></u> County, State of <u>TM</u> on the <u>18</u> day of <u><i>Semicorp</i></u>, 2018 (monthly types</u>				-	
$\frac{1}{5}$ <b>UNSWORN DECLARATION</b> $\frac{1}{5}$ $$					
6 UNSWORN DECLARATION My name is <u><i>Rick brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>west cluster</u> , <u><i>Security</i>, <u>Tt</u>, <u>77215</u>, <u>US</u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u><i>Hardrin</i></u> County, State of <u>TM</u> on the <u>18</u> day of <u><i>Semicorp</i></u>, 2018 (monthly types</u>					
$\frac{1}{5}$ <b>UNSWORN DECLARATION</b> $\frac{1}{5}$ $$				· · · ·	
5 UNSWORN DECLARATION My name is <u><i>Rick Brown</i></u> , and my date of birth is <u>12/12/80</u> My address is <u>12945</u> <u>west the form</u> , <u><i>Sourcesting</i>, 50000000, <u>Trt</u>, <u>77113</u>, <u>US</u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Handow</u> <u>Country</u>, State of <u>Trt</u>, on the <u>18</u> day of <u>Sourcestor</u>, 20118 (workly) (year</u>				-	
My name is <u>field</u> <u>brown</u> , and my date of birth is <u><math>12/12/80</math></u> My address is <u><math>12945^{-}</math></u> <u><math>Westelden 6an</math>, <u><math>Sourcement 61^{-}</math></u>, <u><math>T\pi</math></u>, <u><math>77716^{-}</math></u>, <u><math>45</math></u> (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Hordom</u> <u>Country</u>, State of <u><math>T71</math></u> on the <u><math>18^{-}</math> day of <u>Summer</u></u>, <u><math>20.18^{-}</math></u> (minitially (year) (business entity (Declarant))</u>	5 Check only If there is NO Interested Party.		<u></u>	<u> </u>	
I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Hardam</u> County, State of <u>TM</u> , on the <u>18</u> day of <u>Summary</u> , 20 <u>18</u> (monthly), (year Signature of authorized against of contracting business entity (Declarent)	6 UNSWORN DECLARATION	·····			
I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>Hardorn</u> County, State of <u>TM</u> , on the <u>18</u> day of <u>Summery</u> , 20 <u>18</u> (monthly (year) Signature of authorized against of contracting business entity (Declarant)	My name is Rick Brown	, and my date of	birth is 12/12/	80	
Executed in <u>Hardown</u> County, State of <u>TM</u> , on the <u>18</u> day of <u>Summary</u> , 2018 (month), type Signature of authorized agent of contracting business entity (Declarant)	My address is <u>12945 West chester</u> (street)		, ,		
signature of authorized agent of contracting business entity (Declarant)	I declare under penalty of perjury that the foregoing is true and	i correct.			
Signature of authoritzed agent of contracting business entity (Declarant)	Executed in Hardin	County, State of TH, on the	18 day of JANULL	1. 20 <u>18</u>	
(Declarant)	ι,			k (Aner)	
(Declarant)		Signature of authorized anont of com	leacting business entity	,	
and the two which the construction of the second state of the seco	orms provided by Texas Ethics Commission W	(Declaiant) ww.ethics,state.tx.us		rsion V1.0.333	

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CER	TIFICATE OF INTERESTE	ED PARTIES			FOR	м 12
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Complet	e Nos. 1 - 4 and 6 if there are interested partie	S.		1	OFFICE USI	
	e Nos. 1, 2, 3, 5, and 6 if there are no intereste		too optitulo plaga	-	RTIFICATION	I OF FI
1 Name of of busin	f business entity filing form, and the city, st less.	ate and country of the busin	less entry s place		-303136	
	OUNTRY CHEVROLET R, TX United States			Date I	Filed:	
2 Name of	f governmental entity or state agency that is	s a party to the contract for w	which the form is	01/18	3/2018	
being fil CITY O	ed. F MCALLEN				Acknowledged:	
					3/2018	. • •
3 Provide descript	the identification number used by the gove ion of the services, goods, or other propert	rnmental entity or state agen y to be provided under the c	ncy to track or identify contract.	/ the co	ontract, and pro	vide a
01-18-F	210-60 E PACKAGE VEHICLES					
					Nature o	f interes
4	Name of Interested Party	City, State, C	ountry (place of busin	ess)	(check aj	plicable
			TX United States		Controlling X	Interm
BIDDY, RC	DBBIE					
DONALSO	N, DREW	Silsbee, TX	United States		x	
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5 Checko	nly if there is NO Interested Party.	i				
6 UNSWO	RN DECLARATION	<u> </u>		•		
My name	is		, and my date of	birth is		
My addre	ss ls					
	(street)		(city) (si	iate)	(zip code)	(count
I declare	under penalty of perjury that the foregoing is t	rue and correct.				
Executed	5 in	County, State of	, on the	da	ay of(month)	, 20(
					(inaniti)	0
		Signature of a	authorized agent of con (Declarant)	tracting		
Forms prov	Ided by Texas Ethics Commission	www.ethics.state.tx.us	· · · · · · · · · · · · · · · · · · ·		Ver	sion V1

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CERTIFICATE OF INTERESTED	PARTIES		FOF	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 par	OFFICE USE ONLY CERTIFICATION OF FILING			
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business, COWBOY DODGE</li> </ol>			cate Number: 302581	
SILSBEE, TX United States Name of govornmental ontity or state agency that is a problem filed.	arty to the contract for which the form is	Date F 01/16/		
city of McAllen			cknowledged:	
Provide the Identification number used by the governme description of the services, goods, or other property to I 01-18-P10-60 TWELVE POLICE PACKAGE VEHICLES 2018	ental entity or state agency to track or identif be provided under the contract.	y the col	ntract, and pro	Vide a
Name of Interosted Party	City, Stale, Country (place of busi	ness)		/ Interest pplicable) Intermediary
OORE, TOMMY	SILSBEE, TX United States		X	
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Check only if there is NO Interested Party,	· .	<b>L</b>		
UNSWORN DECLARATION My name is Glen Ange	U-l-, and my date of	birth is _	3-21	- 58
My address is UL65 20th 35 (street)	ST BEAUMONT	tate)	<u> 1 1 7 0 し</u> (zlp code)	<u>g TeCC</u> er (country)
I declare under penalty of perjury that the foregoing is true an				
Executed In 14 Archin	_County, State of Texes 5_, on the	<u>  [4</u> dar	y of <u>1</u> (month)	_, 20 <u>.) &amp;</u> , (year)
	Signature of authorized agint of col (Declarint)	() Alizacili ()	Lisiness entity	<u>.</u>
rms provided by Texas Ethics Commission W	www.ethics.state.tx.us	<u>ب</u>	Ver	slon V1.0.3337

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CERTIFICATE OF INTERESTED P	PARTIES		FO	тм <b>1295</b> 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	26	Cr	OFFICE US		
	ntity filing form, and the city, state and country of the business entity's place d States				
being filed. city of McAllen			Acknowledged 8/2018	*	
Provide the identification number used by the government description of the services, goods, or other property to be 01-18-P10-60 TWELVE POLICE PACKAGE VEHICLES 2018	provided under the contract.		Nature o	finterest	
* Name of Interested Party	City, State, Country (place of bus	iness)	(check a Controlling	pplicable)	
	SILSBEE, TX United States		X		
Check only if there is NO Interested Party. UNSWORN DECLARATION My name is		f birth is			
My address is(street)	,,, _,	state)	(zip code)	(country)	
) declare under penalty of perjury that the foregoing is true and	correct.				
Executed in	County, State of, on the	•d	lay of(month)	, 20 (year)	
	Signature of authorized agent of co			······	

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CERTIFICA	OF INTERESTED PA	·······		FOR	M 1295
Complete Nos. 1 - 4 and Complete Nos. 1, 2, 3, 5	6 if litere are interested parties. , and 6 if there are no interested parties.	· · · · · · · · · · · · · · · · · · ·	CE	OFFICE USE RTIFICATION	
<ol> <li>Name of business entit of business,</li> <li>Boggus Motor Sales McAllen, TX United St</li> </ol>	y liling form, and the city, state and c lates	country of the business entity's place	2018	ilicate Number: 3-303051. Filed:	
	entity or stale agency that is a party	to the contract for which the form is		7/2018 Acknowledged:	
<ul> <li>Provide the identification</li> <li>description of the servion</li> <li>01-18-P10-60</li> <li>12 2018 Police packa</li> </ul>	ices, goods, or alter property to be p	l entity or state agency to track or identi sovided under the contract.	ly the c	ontract, and pro	vide a
Nam	e of interested Party	City, State, Country (place of bus	iness)		f Interest pplicable) Intermediar
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r					
	······································				
5 Check only II there is t	tO Interested Party.				
6 UNSWORN DECLARAS	al ConzAliz	, and my date of	of birth i	12-09	-1970
My address is19-	sul sylvia Pd (atron)	EISA	1)& (1210)	12543 (1217 code)	(counley)
	of perjury that the foregoing is true and $000000000000000000000000000000000000$	sorrect. County, State of <u>TEY44.5</u> , on th	. 17	(tay of JnW)	
		Signature of authorized agant of the	xptractir	ng businuss ontity	
orms provided by Texas	The contraction of the local sectors of the local s	w.ethics.state.tx.bs	<i></i>		rsion V1.0.3

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CERTIFICATE OF INTERESTED	PARTIES	F	orm <b>1295</b>
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties.	ting	1	JSE ONLY
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par Name of business entity filing form, and the city, state as		CER HEICA H	ON OF FILING er:
of business.	,,,,	2018-303051	
Boggus Motor Sales McAilen, TX United States		Date Filed: 01/17/2018	
Name of governmental entity or state agency that is a pa being filed.	arty to the contract for which the form is		- 4-
City of McAllen		Date Acknowledg 02/28/2018	ed:
Provide the identification number used by the governme	ental entity or state agency to track or identi	fy the contract, and	provide a
description of the services, goods, or other property to b 01-18-P10-60	be provided under the contract.		
12 2018 Police packaged vehicles			
Name of Interacted Derty	City, State, Country (place of busi		re of interest k applicable)
Name of Interested Party	City, State, Searchy (place of has	Centrollin	
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Check only if there is NO Interested Party.			
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UNSWORN DECLARATION			
My name is	, and my date o	f birth is	······································
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(streel)	(city)	σιαιε) (Δίρ σύθε)	(country)
t declare under penalty of perjury that the foregoing is true a	nd correct.		
Executed in	County, State of, on the	eday of (mot	
·····		(noi	wai)
	Signature of authorized agent of co		<u></u>

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(	Complete Nos, 1 - 4 and 6 if there are interested partles.			OFFICE US			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par Name of business entity filing form, and the city, state a	· · · · · · · · · · · · · · · · · · ·	- ·	RTIFICATION	I OF FILING		
C	of business.	nd country of the numbers entry a place		-314451			
	The Grounds Guys Brownsville, TX United States		Date	Filed:			
2 N	Vame of governmental entity or state agency that Is a pa	arty to the contract for which the form is		5/2018			
	being filed. The City of McAllen		Date	Acknowledged:			
					Manual and a second state of the		
d C	Provide the Identification number used by the governme lescription of the services, goods, or other property to b 02-18-s35-99 Grounds Maintenance	ental entity or state agency to track or identi be provided under the contract.	fy the co	ontract, and pro	vide a		
4	Name of Interested Party City, State, Country (place of bus			s) (check applicabl			
	Name of Interested Party	City, arate, country (place or busi	messy	Controlling	Intermediary		
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	heck only if there is NO Interested Party.			-	<del></del>		
	NSWORN DECLARATION				11000		
	yname is Walcech C. Kopan				-1400-		
M	My address is 2278 Postultino BlvD. Brownsville. TX. 78526, USA. (street) (city) (state) (zip code) (country)						
14	teclare under penalty of perjury that the foregoing is true an	ad correct.			,		
	xecuted in 14 valago	County, State of $\mathcal{T}X$ , on the	<u>]S</u> d	ay of <u>FC L(V</u> (month)	<u>49, 2018</u> . (year)		

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CERTIFICATE OF INTERESTE	D PART	TES			FOR	м 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	, I parties.				FICE USE	E ONLY OF FILING
of business.						
The Grounds Guys Brownsville, TX United States	rownsville, TX United States					
2 Name of governmental entity or state agency that is a being filed. The City of McAllen	a party to the	contract for which the			rowledged:	
				03/15/20:		
<ul> <li>Provide the identification number used by the govern description of the services, goods, or other property 02-18-s35-99</li> <li>Grounds Maintenance</li> </ul>	nmental entity to be provide	or state agency to tra d under the contract.	ck or identify	the contra	ict, and prov	Ado a
4 Name of Information Depth		City State Country (n	loos of husing		Nature of	
Name of Interested Party		City, State, Country (p	lace of pusine	- H	(check ap	Intermediary
		· · · · · · · · · · · · · · · ·				
" Charle only if they is NO internated Borty						
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is		, ar	id my date of bi	rth is		_ <u>·</u>
My address is		1	/			
(street)		(city)	(stat	0) (z	tip code)	(country)
I declare under penalty of perjury that the foregoing is true	e and correct,					
Executed in	County,	State of	, on the	day of		
					(month)	(year)
	<u> </u>	Signature of authorized	agent of contra eclarant)	acting busi	ness entity	
Forms provided by Texas Ethics Commission	www.ethic	s,state,tx.us	-		Vers	ion V1.0.5523

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CERTIFICATE OF INTERESTED P	ARTIES		FI	ORM 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			ISE ONLY ON OF FILING
1 Name of business entity filing form, and the city, state and c		Certi	ficale Numbe	
of business. Chanin Engineering, LLC		1	-270549	
McAllen, TX United States 2 Name of governmental entity or state agency that is a party it	to the contract for which the form is		Filed: 0/2017	
being filed. City of McAllen		Date	Acknowledge	ed:
3 Provide the identification number used by the governmental	entily or state agency to track or identify	y the co	ontract, and p	provide a
description of the services, goods, or other property to be p 10-17-S02-594	ovided under the contract.			
SOQ – DESIGN SERVICES FOR VARIOUS MUNICIPAL	PROJECTS (MEP, FIRE PROTECTIC	DN, & S	STRUCTUR/	AL)
4 Name of Interested Party	City, State, Country (place of busin	ess)		a of Interest applicable)
			Controlling	Intermediary
Chanin Engineering, LLC	McAllen, TX United States		x	
nan annar 1999 - Anna Annar Annar 1997 - Annar	anna - Channa an Island ann a stàitean 1996 ann ann an Shàine an Shàine an Shàine an Shàine an Shàine an Shàine			
Check only if there is NO Interested Party.	<u></u>	L		
	or affirm, under penalty of perjury, that the a	above d	isclosure is tri	lie and coviect.
TANIA A. ORTEGA				
My Notary ID # 129512428 Expires August 5, 2021	40 6			
	Signature of authorized agent of contr	acting b	ousiness entity	,
AFFIX NOTARY STAMP / SEAL ABOVE		,		
Sworn to and subscribed before me, by the said	Chanin, this the	104	1_day of	<u>Xtober</u>
Mia a. Ottega Tania	A. Oikga N	otan	1 Publ	ic.
Bignature of officer administerling oath Printed name of	of officer administering oath Titl	e of offi	cer administe	ring oath

#### 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	, I narties,			CE	OFFICE US		
1	Name of business entity filing form, and the city, sta	•	try of the business	entity's place	Cert	COPTIENCO		
	of business.					7-270549		
	Chanin Engineering, LLC				Data	Filed:		
L	McAllen, TX United States Name of governmental entity or state agency that is		0/2017					
2	being filed.	аратутот	e contract for which	in the form is				
	City of McAllen				1	Acknowledged:	:	
L				······································		1/2018		
3	Provide the identification number used by the gover description of the services, goods, or other property	nmental enti to be provid	ty or state agency t led under the contr	to track or identify act.	the c	ontract, and pro	vide a	
	10-17-S02-594 SOQ DESIGN SERVICES FOR VARIOUS MUN	IICIPAL PR	OJECTS (MEP, FI	RE PROTECTIO	IN, & S	STRUCTURAL	)	
4						1	f Interest	
	Name of Interested Party		City, State, Count	ry (place of busin	ess)		applicable)	
						Controlling	Intermediary	
C	nanin Engineering, LLC		McAllen, TX Un	ited States		X		
	· · ·							
				<u></u>				
				·····			· · · · ·	
5	Check only if there is NO Interested Party.					<u></u>		
6	UNSWORN DECLARATION							
				and my data of h	Juth La			
	My name is			, and my date of t	NITIO IS		······································	
	My address is						۰	
	(streel)		(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is tru	e and correct						
	Executed in	County	State of	, on the	da	ay of	_, 20	
						(month)	(year)	
		<u>.</u>	Signature of author	rized agent of contr	acting	business entity	·····	
_				(Declarant)			1	
-01	ms provided by Texas Ethics Commission	www.ethi	cs.state.tx.us			Vers	sion V1.0.3337	

	CERTIFICATE OF INTERES	IED PARTIES		FO	RM <b>1295</b>		
_					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested par Complete Nos. 1, 2, 3, 5, and 6 if there are no intere	rties. Isted parties.	CE	OFFICE US			
1	Name of business entity filing form, and the city, of business. DBR Engineering Consultants, Inc. McAllen. TX United States	Cert	CERTIFICATION OF F. Certificate Number: 2017-270813				
2		cAllen, 1X United States the of governmental entity or state agency that is a party to the contract for which the form is					
	being filed. City of McAllen		Date	Ackriowledged	:		
	Provide the identification number used by the go description of the services, goods, or other prope RFQ No. 10-17-S02-594 Mechanical, Electrical, Plumbing and Fire Prote		tify the c	contract, and pro	víde a		
4				1 · · ·	f interest		
•	Name of Interested Party	City, State, Country (place of bu	siness)		pplicable)		
Pu	entes, Edward	McAllen, TX United States		Controlling X	Intermediar		
	heck only if there is NO interested Party,	]					
,	JEANETHE MARIE SCARSDALE NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 778421 NOTARY ID LEOURA-4	I swear, or allirm, under penalty of perjuty, that the above disclosure is true and correct, Guarana Panaka Signature of authorized agent of contracting business entity					
s	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Edward Puentes, PE</u> , this the <u>11</u> day of <u>October</u> , 20 <u>17</u> , to certify which, witness my hand and seal of office,						
_	Agnette Scontole	Jeanette Scarsdale		otary Public			
	Signature of officer administering oath Pr	inted name of officer administering oath	Tille of o	fficer administerin	ig oath		

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FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			1	OFFICE US	SE ONLY N OF FILING
1	of business.	ntry of the business e	entity's place		cate Number: 270813	
	DBR Engineering Consultants, Inc.		1			
~	McAllen, TX United States		the form is	Date Fi 10/11/2		
2	being filed.	Je contract to venior.				
	City of McAllen			03/21/2		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provi	lity or state agency to ided under the contra	o track or identify act.	the con	tract, and pro	ovide a
	RFQ No. 10-17-S02-594 Mechanical, Electrical, Plumbing and Fire Protection Design 3	Services				
4			· · · · · · · · · · · · · · · · · · ·			of interest
••	Name of Interested Party	City, State, Country	y (place of pusine	· · · · ·	(check aj Controlling	applicable)
Pu	uentes, Edward	McAllen, TX Unit	ited States		X	INGINGUA, J
	·				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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		1			1	<u> </u>
				+		
		<u> </u>			!	
						<b></b>
			an and the come			
5	Check only if there is NO Interested Party.					
	UNSWORN DECLARATION		······			
ł	My name is		, and my date of bi	irth Is		<u> </u>
ł	My address is	,(city)		' ·{-\	(zip code)	
			<i>L</i> .	e)	(zip www,	(COURINJ)
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	y, State of	, on the	day	y of (mönth)	, 20 (year)
		Signature of author	rized agent of contra (Declarant)	acting bi	usiness entity	

CERTIFICATE OF INTERESTED PAP	RTIES				
			FOF	тоблания 1295	
Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos, 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILIN		
<ol> <li>Name of business entity filing form, and the city, state and cou of business.</li> <li>S&amp;B Infrastructure, Ltd.</li> </ol>	ntry of the business entity's place	2017	ficate Number: 2-270219		
Houston, TX United States           2         Name of governmental entity or state agency that is a party to the being flied.           City of McAllen	he contract for which the form is	Date Filed: 10/10/2017 Date Acknowledged:			
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov Project No.: 10-17-S02-594 Professional Services	tily or state agency to track or identify ided under the contract.	/ the co	ontract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of busin	05S)	Nature of Interest (check applicable) Controlling Intermedi		
Rios, Daniel	McAlien, TX United States		x		
Reddish, Harold	Houston, TX United States		х		
10	······································				
5 Check only if there is NO Interested Party.	Δ		<u></u> j		
6 AFFIDAVIT I swear, or Rhonda S. Lemoine Notary Public, State of Texas Expires: 10/17/2019	affirm, under peralty of perjury, that the	V	le	and correct,	
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>HUVO/</u> 20, to certify which, witness my hand and seal of office.	J. Redd18h, this the	10	day of	tober.	
Rhandad, almona Rha Signature of officer administering oath Printed name of a	onda S. Lemone	le of off	Votary licer administerin	g oath	

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Forms provided by Texas Ethics Commission

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Version V1,0,3337

CERTIFICATE OF INTERESTED P	ARTIES	FORM			
				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 USI		
<ol> <li>Name of business entity filing form, and the city, state and of business.</li> </ol>	country of the business entity's pl		tificate Number: 7-270219		
			e Fìled: L0/2017		
being filed. City of McAllen	Date	e Ačknowledged: 21/2018			
3 Provide the identification number used by the governmenta description of the services, goods, or other property to be	al entity or state agency to track or provided under the contract.	identify the o	contract, and pro	vide a	
Project No.: 10-17-S02-594 Professional Services					
4			Nature o		
4 Name of Interested Party	City, State, Country (place of	of business)	(check ar		
			Controlling	Intern	
Reddish, Harold	Houston, TX United State	is	X		
Rios, Daniel	McAllen, TX United State	s	X		
		<u></u>			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·	<u></u>			
My name is	, and my	dale of birlh is			
My address is	(city)	'' (state)	(zip code)	(count	
I declare under penalty of perjury that the foregoing is true and c	correct.				
Executed inC		on the 🛛	tav of	, 20	
			(monih)	, 20 (y	
	Signature of authorized agen		j business entity		
	Signature of authorized agen (Declarar		a nonices curry		

(	<u> </u>					
CERTIFICATE OF INTERESTED	PARTIES		FOF	RM <b>1295</b>		
Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties,	CE	OFFICE USE ONLY			
<ol> <li>Name of business entity filing form, and the city, state at of business.</li> <li>Halff Associates, Inc.</li> <li>McAllen, TX United States</li> <li>Name of governmental entity or state agency that is a pa being filed.</li> </ol>		CERTIFICATION OF FILIN Certificate Number: 2017-270008 Date Filed: 10/09/2017				
City of McAllen		Date	Acknowledged	:		
<ul> <li>Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract.</li> <li>10-17-S02-594</li> <li>Design Services for Various Municipal Projects (Annual Contract)</li> </ul>						
4 Name of Interested Party	City, State, Country (place of busin	ess)	(check a	f interest oplicable)		
Delgado, Jose	McAllen, TX United States		Controlling X	Intermediary		
Tanksley, Dan	Richardson, TX United States		x			
Skipwith, Walter	Richardson, TX United States		х			
Murray, Menton	McAllen, TX United States		x			
Plugge, Roman	Richardson, TX United States		x	······································		
Bargainer, Tim	Austin, TX United States		х			
Moya, Mike	Austin, TX United States		x			
Kunz, Pat	Richardson, TX United States		х			
Kuhn, Greg	Richardson, TX United States		х			
Killen, Russell	Fort Worth, TX United States		x			
Ickert, Andrew	Fort Worth, TX United States		x			
Jackson, Todd	Austin, TX United States		х			
Craig, Matthew	Richardson, TX United States		×			
Adams, Bobby	Houston, TX United States		x			
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Version V1.0.3337

CERTIFICATE OF INTERESTED PAR	HES		FOF	RM 1295
				2 of 2
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	1	СЕ	OFFICE US	
Name of business entity filing form, and the city, state and coun of business. Halff Associates, Inc.	try of the business entity's place		ficate Number: '-270008	
McAllen, TX United States Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	1	Filed: 9/2017	
City of McAllen		Date	Acknowledged	1
Provide the Identification number used by the governmental entit description of the services, goods, or other property to be provid 10-17-S02-594 Design Services for Various Municipal Projects (Annual Contr	ded under the contract.	/ the c	ontract, and pro	ovide a
				of interest
Name of Interested Party	City, State, Country (place of busin	ess)	(check a Controlling	pplicable) Intermediary
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	·			
Check only if there is NO Interested Party.				
AFFIDAVIT	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
ALMA A. GALVAN Notary Public State of Texas My Comm. Expires 10-19-2019	the state of the second s			
/	Signature of autholized agent of con	ແສດແນຊິ	Jusiness enuly	
AFFIX NOTARY STAMP / SEAL ABOVE	/			
Sworn to and subscribed before me, by the said $\underline{Mrn}$	<u>Marray</u> , this the	10+	<sup>17</sup> day of	<u>etober-</u> ,
Alma A. Daluan Alma Signature of officer administering oath Printed name of o			<u>ng Public</u> flicer administer	
SIDDADUP AF DIREPFALIDADISIENDO DADE PORTEO DADE UN	nneer anninnstering van i		ANALY WALLINGS	and oom

FORM 1295

			-01		
				1 of 2	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILIT		
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>Halff Associates, Inc.</li> </ol>			Certificate Number: 2017-270008		
McAllen, TX United States 2 Name of governmental entity or state agency that is a	party to the contract for which the form is	Date Filed: 10/09/2017			
City of McAllen	being filed. City of McAllen				
3 Provide the identification number used by the governi description of the services, goods, or other property to 10-17-S02-594 Design Services for Various Municipal Projects (And Design Services for Various for Various Municipal Projects (And Design Services for Various for	o be provided under the contract.	the co	ntract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of busin			plicable)	
Adams, Bobby	Houston, TX United States		Controlling X	Intermediary	
Craig, Matthew	Richardson, TX United States		x		
Jackson, Todd	Austin, TX United States		x		
ickert, Andrew	Fort Worth, TX United States		x		
Killen, Russell	Fort Worth, TX United States		х		
Kuhn, Greg	Richardson, TX United States		х		
Kunz, Pat	Richardson, TX United States		x		
Moya, Mike	Austin, TX United States		x	·	
Bargainer, Tim	Austin, TX United States		X	Rectar	
Plugge, Roman	Richardson, TX United States		x		
Murray, Menton	McAllen, TX United States		X		
Skipwith, Walter	Richardson, TX United States	;	x		
Fanksley, Dan	Richardson, TX United States	;	x		
Delgado, Jose	McAllen, TX United States	;	x		
				·	

Forms provided by Texas Ethics Commission

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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.				FICE USI	e only I of filing
1	of business.	filing form, and the city, state and country of the business entity's place 20				
	Halff Associates, Inc. McAllen, TX United States			Date Filed:	:	
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which	n the form is	10/09/201	7	
	City of McAllen			Date Ackno 03/21/201	-	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 10-17-S02-594	itity or state agency t rided under the contra	o track or identify act.	the contrac	t, and pro	vide a
	Design Services for Various Municipal Projects (Annual Con	itract)				
4	Name of Interested Party	City, State, Count	ry (place of busine	ess)	Nature of (check ap	f interest oplicable)
					trolling	Intermediary
						••••••••••••••••••••••••••••••••••••••
	ναμαία μαια το φελαλομαζητικό ποι φελαλομαζητικό παια τ					
5	Check only if there is NO Interested Party.			<u> </u>	<u> </u>	•••••••••
6	UNSWORN DECLARATION					·
	My name is		, and my date of bi	rth is	<u> </u>	·
	My address is(street)		11		code)	
			(stat	e) (zip	couej	(country)
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCount	ty, State of	, on the	day of	(month)	, 20 (year)
					(	(Juni)
		Signature of author		acting busine	entity	<u></u>
			(Declarant)			

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CERTIFICATE OF INTERESTED PA	RTIES	FORM	A 1295
Complete Nos, 1, - 4 and 6 if there are interested parties. Complete Nos, 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE	
<ol> <li>Name of business entity filing form, and the city, state and co of business.</li> <li>Solorio, Inc.</li> </ol>	untry of the business entity's place	Certificate Number: 2017-270190	7 <b>- 111</b> 140
Mission, TX United States Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	Date Filed: 10/10/2017	
City of McAilen 3 Provide the identification number used by the governmental e description of the services, goods, or other property to be pro 10-17-s02-594 Design services for various projects structural	ntily or state agency to track or identify vided under the contract.	Date Acknowledged: y the contract, and provid	le a
4 Name of Interested Party	City, State, Country (place of busin	,	
5 Check only if there is NO Interested Party.			
	allirm, under penalty of perjury, that the a	above disclosure is true an	d correct.
	LAK	,	
	Signature of authorized agent of contra	acting business entity	
AFFIX NOTARY STAMP / SEAL ABOVE Swom to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	2_ day of MAG	<u>ucit</u> .	
		e of officer administering o	
Forms provided by Texas Ethics Commission www.eth	nics,state,tx.us	Version	V1.0.3337

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CERTIFICA	TE OF INTERES	IED PARTES		FOF	RM 1295	
					1 of 1	
Complete Nos. 1 - 4 a Complete Nos. 1, 2, 3	and 6 if there are interested par 1, 5, and 6 if there are no intere	rties. Isted parties.	CEI	OFFICE US		
1 Name of business en of business. Solorio, Inc.	ntity filing form, and the city,	state and country of the business entity's place		ficate Number: '-270190		
Mission, TX United	States		Date	Filed:		
	tal entity or state agency tha	t is a party to the contract for which the form is	- 10/10	0/2017		
being filed. City of McAllen				Acknowledged: 3/2018		
description of the se 10-17-s02-594	ation number used by the go rvices, goods, or other prop various projects structural	vernmental entity or state agency to track or identi erty to be provided under the contract,	fy the co	pntract, and pro	vide a	
4 Na	Name of Interested Party City, State, Country (place of busi		nessì	Nature o (check ar	f interest	
				Controlling	Intermedia	
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	unan "Namu Namu dana dalam kasun nunun					
n and an						
					- <b>b</b>	
5 Check only if there is	NO Interested Party.	X			 	
6 UNSWORN DECLARA	TION	19 <mark>86 - 1992 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1</mark>			· <del></del>	
My name is		, and my date of	birth is _		······································	
Mu addrage in						
wy autress is	(sireel)	' (city) (s	tate)	(zip code)	(country)	
I declare under penalty	of perjury that the foregoing is	true and correct.				
Executed in	County, State of, on the		da	v of	. 20 .	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting I	ousiness entity		
forme provided by Tayle	s Ethics Commission	www.ethics.state.tx.us		Vere	ion V1.0.333	

	CERTIFICATE OF INTERESTE	4205° K / 383 F   Long Sg.F		FOI	RM 12
					;
	Complete Nos. 1 - 4 and 6 if there are interested parties Complete Nos. 1, 2, 3, 6, and 6 if there are no interested	i. I partles,	CE	OFFICE US	
1	Name of business entity filing form, and the city, sta of business. First United Methodist Church of McAllen McAllen, TX United States	ite and country of the business entity's place	201	ificate Number: 8-298308 • Filed:	
2	Name of governmental entity or state agency that is being filed. City of Mcallen-Community Development Departm	·		3/2018 Acknowledged	1
3	Provide the identification number used by the govern description of the services, goods, or other property B-17-MC-48-0506 Shoes	nmental entity or state agency to track or identi to be provided under the contract.	ify the c	ontract, and pro	wide a
4	·····			Nature o	
	Name of Interested Party	City, State, Country (place of busi	iness)	(check aj Controlling	oplicable Interm
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		·····			
	Check only if there is NO Interested Party.	••••••••••••••••••••••••••••••••••••••	" <b>L</b>		
	INSWORN DECLARATION Ay name is <u>Mary Susan Hellums</u>	, and my date of	birth is	10/12/	1 53
٨	Ay nome is <u>Mary Susan Hellums</u> Ay address is <u>4200 N MColl</u> (stroot)	(city) (a	TX	<u>78504</u> , (zip code)	Hictal. (country
I	declare under penalty of perjury that the foregoing is true	and correct.			
Ð	Executed in <u>Hidalgo</u> Dancy B Hennig	County, State ofA.G on the	4 <sup>Th</sup> di	ay of <u>JAN</u> (month)	_, 20 <u>/</u> { (yei
	444414-1	Mary Sugar Cell	n		

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	CERTIFICATE OF INTERESTED PAR	RTIES		FOF	RM <b>1295</b>
╞	Complete Nos, 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	EONLY
1		ntry of the business entity's place	Cert 201	OF FILING	
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the	he contract for which the form is	1	e Filed: )3/2018	
-	being filed. City of Mcallen-Community Development Department			Acknowledged: 3/2018	!
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi B-17-MC-48-0506 Shoes	tity or state agency to track or identified under the contract.	y the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busir	ess)		f interest pplicable)
,	Name of Interested Party	City, State, County (place of busit	lusaj	Controlling	Intermediary
	Reference of a state of the sta				
5	Check only if there is NO Interested Party.				
3	UNSWORN DECLARATION				
	My name is	, and my date of	birth is		د <del>ر</del>
	My address is				_
	(street)	(city) (st	ate}	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	:t.			
	Executed inCounty	y, State of, on the	d	ay of (month)	, 20 (year)
		Signature of authorized agent of cont (Declarant)	racting	business entity	
or	ms provided by Texas Ethics Commission www.eth	nics.state.tx.us		Vers	sion V1.0.3337

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#### FORM 1295

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C	Complete Nos, 1 - 4 and 6 if there are interested partle Complete Nos, 1, 2, 3, 5, and 6 if there are no intereste	is. ed parties.			ſ		JSE ONLY ON OF FILING
		city, state and country of the business entity's place				Certificate Numb	er:
	f business. SULF COAST PAPER COMPANY				2	2017-290389	
	ROWNSVILLE, TX United States					Date Filed:	
	ame of governmental entity or state agency that is	s a party to th	e contract for w	hich the form	1	12/05/2017	
þ	eing filed.						_
с 	ITY OF MCALLEN, TX					Date Acknowledg )4/04/2018	ed:
- di	rovide the identification number used by the gove escription of the services, goods, or other propert	rnmental enti y to be provid	ty or state agen led under the co	cy to track or ontract.	identify t	he contract, and	provide a
	2-17-SP04-238 UPPLY CONTRACT FOR THE PURCHASE OF	F JANITORI/	L PRODUCTS	:			
4							e of interest
	Name of Interested Party		City, State, Co	untry (place o	of busines	·	( applicable)
			-		<del>.</del>	Controlling	Intermediary
				e			
	- 80-4-1-1-4-4-1			· .			
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						-	
	······································						
i Ch	eck only if there is NO Interested Party.						
UN	SWORN DECLARATION						
Му	name is			, and my c	late of birt	h is	<u> </u>
My	address is		,		• :		········
	(street)			ity)	(state)	(zip code)	(country)
	eclare under penalty of perjury that the foregoing is tru						
Ex	ecutêd lin	County,	State of	i ć	on the	day of(month	
						(monu	-) (year)
	· · · ·		Signature of au	thorized agent (Declarant		ting business entit	y
ums	provided by Texas Ethics Commission	www.ethi	cs.state.tx.us	•	-		ersion V1.0.3337

				FO	RM 129	
					1 of	
	Complete 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 cou of business. GULF COAST PAPER COMPANY	ntry of the business entity's place		ificate Number: 7-290389		
2	BROWNSVILLE, TX United States Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form is		Filed: 5/2017		
	CITY OF MCALLEN, TX		Date	Acknowledged	?	
3	Provide the Identification number used by the governmental en description of the services, goods, or other property to be prov 12-17-SP04-238 SUPPLY CONTRACT FOR THE PURCHASE OF JANITOR	ided under the contract.	/ the c	ontract, and pro	wide a	
4					f Interest	
-7	Name of Interested Party	City, State, Country (place of busine			pplicable)	
				Controlling	Intermedi	
	· · · · · · · · · · · · · · · · · · ·					
5 (	Check only if there is NO Interested Party.	<u> </u>	]			
6	AFFIDAVIT     I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct					
	MARIA GALÁRZA . My Notary ID # 4230629 Explres February 27, 2021 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Arturo Valdez</u> , this the <u>5th</u> day of <u>December</u> ,					
2	20_17, to certify which, witness my hand and seal of office.					
	Mauph lara Hari Ga	larza Affic	e Su	soply Spec	lalist	
•		officer administering oath Ti	le of o	<u>2001y Spec</u> Hicet administerir	ig oath	

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CERTIFICATE OF INTERES	TED PARTIES		FOF	RM 1295
Complete hise 3. A god & if there are interacted as		<b>_</b>	<b>OFFICE US</b>	
Complete Nos. 1 - 4 and 6 if there are interested pa Complete Nos. 1, 2, 3, 5, and 6 if there are no intere	ested parties,	С	ERTIFICATION	
<ol> <li>Name of business entity filing form, and the city of business.</li> <li>Devin Distributing &amp; Packaging Inc.</li> </ol>	, state and country of the business entity		tificate Number: 17-288491	
Palmhurst, TX United States			e Filed:	
<ol> <li>Name of governmental entity or state agency the being filed.</li> <li>City of McAllen</li> </ol>	at is a party to the contract for which the f	Dat	29/2017 e Acknowledged 04/2018	:
3 Provide the identification number used by the go description of the services; goods, or other prop Display No. 42, 47, SDO4, 220	overnmental entity or state agency to traci erty to be provided under the contract.		an a	vide a
Project No 12-17-SP04-238 JANITORIAL PRODUCTS				
4 Name of Interacted Darty	City, State, Country (pla	on of huninger		f interest
Name of Interested Party	Gity, State, Country (pla	ise of pusifiess)	(check a Controlling	pplicable)
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				a markatha a sa a
G Check only if there is NO interested Party.	X			
UNSWORN DECLARATION	· · · ·			
My name is	, and	my date of birth is	3	<u> </u>
My address is(street)	(city)	,, (state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is	s true and correct.			
Executed in	County, State of	, on theo	day of	, 20
· · · · ·			(month)	(year)
	Signature of authorized at (Deci	gent of contracting arant)	g business entity	
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Ver	ion V1,0,333

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	CERTIFICATE OF INTERESTED PARTIES		FOF	тм <b>1295</b>		
L				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE US			
1	<ul> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>Devin Distributing &amp; Packaging Inc.</li> </ul>		ificate Number: 7-288491			
	Palmhurst, 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		9/2017			
	being filed. City of McAllen	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or ider description of the services, goods, or other property to be provided under the contract. Project No 12-17-SP04-238	tify the c	ontract, and pro	vide a		
	JANITORIAL PRODUCTS					
				······································		
4				f interest		
1	Name of Interested Party City, State, Country (place of bu	siness)	(check aj	plicable)		
			Controlling	Intermediary		
		· · · · · · · · · · · · · · · · · · ·				
5	Check only if there is NO Interested Party.					
Ŭ						
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that	he above	disclosure is true	und correct.		
	RODOLFO E. CANCHE SR. Notary Public, State of Toxas Expires APRIL 07, 2021 I.D.#205354-7					
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Pavin</u> Guticrees, this the <u>4</u> day of <u>Dectrabe</u> , 20_17_, to certify which, witness my hand and seal of office,					
	Signature of officer administering oath Printed name of officer administering oath	A d	A VI	ng gath		
		, ,,,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,				

Forms provided by Texas Ethics Commission

Version V1.0.3337

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Complete Nos. 1 - 4 and 6 if there are interest Complete Nos. 1, 2, 3, 5, and 6 if there are no	ted parties. 9 interested parties.		FICE USE	ONLY OF FILING	
1 Name of business entity filing form, and th	e city, state and country of the business entity's place		e Number:	o millo	
of business. PYRAMID SCHOOL PRODUCTS	of business.				
TAMPA, FL United States		Date Filed	1:		
2 Name of governmental entity or state agen	cy that is a party to the contract for which the form is	12/04/20	17		
being filed. CITY OF MCALLEN		Date Ack	nowledged:		
		04/04/20			
description of the services, goods, or other	the governmental entity or state agency to track or identit r property to be provided under the contract.	y the contra	ict, and prov	ide a	
12-17-SP04-238 SUPPLY CONTRACT FOR THE PURCH	ASE OF JANITORIAL PRODUCTS				
4			Nature of		
Name of Interested Party	City, State, Country (place of busin	··· -	(check app ntrolling	olicable) Intermediary	
MILLER , LARRY	TAMPA, FL United States			menneulary	
		^^			
MILLER, KENNETH D.	TAMPA, FL United States	X			
			<u> </u>		
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······					
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION	······································				
My name is	, and my date of	birth is			
				·	
My address is		ii			
(street)	(cily) (si	ale) (zi	p code)	(country)	
I declare under perially of perjury that the forego	oing is true and correct.				
Experied in	County, State of, on the _	doutof		00	
		oay of	(month)	, 20 (year)	
			·		
	Signature of authorized agent of cont (Declarant)	racting busin	ess entity		
orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Versio	n V1.0.3337	

	CERTIFICATE OF INTERESTED PAR	RTIES		FOR	1295 1 of 1	
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	Complete Nos, 1 - 4 and 6 if there are interested parties, Complete Nos, 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US		
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		ificate Number: 7-290222		
	PYRAMID SCHOOL PRODUCTS TAMPA, FL United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	12/0	4/2017		
	CITY OF MCALLEN		Date	Acknowledged;		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be provi	tity or state agency to track or identify Ided under the contract.	/ the c	ontract, and pro	vide a	
	12-17-SP04-238 SUPPLY CONTRACT FOR THE PURCHASE OF JANITORI	AL PRODUCTS				
E		1		Nature o	f Interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)	
	· · · · · · · · · · · · · · · · · · ·			Controlling	Intermediary	
М	LLER , LARRY	TAMPA, FL United States		х		
м	LLER , KENNETH D.	TAMPA, FL United States		х		
					_	
	, ,, ,, ,,	an a				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	PATRICIA VANDYCK Commission # FF 179872 Expires December 8, 2018 Bended That Tray First Informere 800-333-7618 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said <u>Kenneth</u>	D. Miller_, this the	1.4	ά. Λ.	0	
	Sworn to and subscribed before me, by the said $\underline{\Lambda e \Omega M e H}$ . 20 $\underline{17}$ , to certify which, witness my hand and seal of office.	Control (1997), this the	<i></i>	day of where		
	Signature of officer administering oath Printed name of	Vanbyck Bic officer administering path T		Ass 154an Ifficer administeri	F ng oath	
	Silvaran di ander antilitiziettilit anni 🦳 Chinea harre di				¥	
For	ns provided by Texas Ethics Commission www.eth	nics,state,tx.us		Vers	sion V1.0.3337	

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description of the services, goods, or other property to be provided under the contract.       12:17-SP04-288         JANTORIAL PRODUCTS       Name of Interested Party       City, State, Country (place of business)       Nature of interest         Image: Controlling Intermediation of the service of provided under the contract.       Image: Controlling Intermediation of the service of pusiness)       Image: Controlling Intermediation of the service of pusiness of the service of the service of pusiness of the service of the s	CERTIFICATE OF INTEREST	ED PARTIES		
Complete Not. 1 - 4 and 5 if there are interested parties.     Complete Not. 1 - 4 and 5 if there are interested parties.     Complete Not. 2 - 3, 3, and 5 if there are interested parties.     Complete Not. 2 - 3, 3, and 5 if there are interested parties.     Complete Not. 2 - 3, 3, and 5 if there are interested parties.     Complete Not. 2 - 3, 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are interested parties.     Complete Not. 2 - 3, and 5 if there are not interested parties.     Complete Not. 2 - 3, and 5 if there are not interested parties.     Complete Not. 2 - 3, and 5 if there are not interested parties.     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.     20.17-289859     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.     20.17-289859     ANTTORIAL PRODUCTS			FO	<i>,</i>
Mark of business entity filling form, and the city, state and country of the business entity's place of Dusiness. Corpus Christi, TX United States Corpus Christian Corpus Christia				EONLY
Name of povernimental entity or state agency that is a party to the contract for which the form is     Date Acknowledigue:     O4/04/2018     Date Acknowledigue:     O4/04/2018     Provide the identification number used by the governmental antity 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.     12-17-SPO4-238     JANITORIAL PRODUCTS     Name of Interested Party     City, State, Country (place of business)     Nature of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     Name of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     Name of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     Nature of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     Name of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     O4/04/2018     Name of Interest     (clinek applicable)     Controlling     Internetia     Date Acknowledigue:     O4/04/2018     O4/04/2018	of business. CC Distributors, Inc.	tate and country of the business entity's place	Certificate Number: 2017-289859	
	<ol> <li>Name of governmental entity or state agency that is being filed.</li> </ol>	s a party to the contract for which the form is	12/04/2017 Date Acknowledged	:
4       Name of Interested Party       City, State, Country (place of business)       (check applicable)         Controlling       Intermediation       Intermediation         Image: City, State, Country (place of business)       Image: City, State, Country (place of business)         Image: City, State, Country (place of business)       Image: City, State, Country (place of business)         Image: City, State, Country (place of business)       Image: City, State, City, State, City, C	description of the services, goods, or other property 12-17-SP04-238	rnmental entity or state agency to track or identify y to be provided under the contract,		ovide a
Check only if there is NO Interested Parity.   Image: Check only if the I	4 Name of Interested Party	City, State, Country (place of busin		
Image:			Controlling	Intermediary
Image:				
Image:				
UNSWORN DECLARATION         My name is, and my date of birth is         My address is,,,	5 Check only if there is NO Interested Party.			
My address is	UNSWORN DECLARATION			
(street) (clty) (state) (ztp code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in, on theday of, 20, (month) (year) Signature of authorized agent of contracting business entity (Declarant)	My name is	, and my date of b	inth is	·
Executed in, on theday of, 20 (month) (year)	My address is(street)		ite) (zip code)	(country)
(month) (year) Signature of authorized agent of contracting business entity (Declarant)	I declare under penalty of perjury that the foregoing is tru	e and correct.		
(Declarant)	Executed in	County, State of, on the		
orms provided by Texas Ethics Commission www.ethics.state.tx.us Version V1.0.333	orms provided by Texas Ethics Commission	Signature of authorized agent of contr (Declarant) www.ethics.state.tx.us		

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CERTIFICATE OF INTERESTED PA	RTIES	F	ORM <b>1295</b> 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 L	ISE ONLY ON OF FILING
<ol> <li>Name of business entity filing form, and the city, state and con of business.</li> <li>CC Distributors, Inc.</li> </ol>	untry of the business entity's place	Certificate Numbe 2017-289859	ır;
Corpus Christi, TX United States 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	Date Filed: 12/04/2017 Date Acknowledge	ed:
<ul> <li>Provide the identification number used by the governmental endescription of the services, goods, or other property to be provide 12-17-SP04-238</li> <li>JANITORIAL PRODUCTS</li> </ul>		the contract, and p	rovide a
4	1		of interest
Name of Interested Party	City, State, Country (place of busine	ess) (check Controlling	applicable)
Check only if there is NO Interested Party.			
AFFIDAVIT I swear, or MARTHA HERNANDEZ Notary Public, State of Texas Comm. Expires 04-05-2021 Notary ID 11220047	affirm, under penalty of perjury, that the a		
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the saidR chard E	~ Ala Se ana 4	1-11 day of )	ora har
Sworn to and subscribed before me, by the said <u>freeward (</u> 20 <u>17</u> , to certify which, witness my hand and seal of office.	, inis ine	uay of <u></u>	
Marthe Henels Martha Signature of officer administering oath Printed name of	Hernandez Alp	Toom La	ad-
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FORM 1295

						1 of 1.
	Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested (	oarties,				E USE ONLY ATION OF FILING
	of business. Central Poly-Bag Corp. Linden, NJ United States					mber:
2	Name of governmental entity or state agency that is a being filed. City of McAllen	party to th	e contract for which	h the form is	11/21/2017 Date Acknowl 04/04/2018	edged:
3	Provide the identification number used by the governmedescription of the services, goods, or other property to 12-17-SP04-238 Janitorial Products	nental ent o he provi	ity or state agency t ded under the contri	o track or identify act.	the contract, a	nd provide a
4	Name of Interested Party		City, State, Count	ry (place of busine		ature of interest neck applicable) Iling   Intermediary
	·					
				<u></u>		
 ī	Check only if there is NO Interested Party.					
	UNSWORN DECLARATION		· · ·			
	My name is			, and my date of bi	rth is	<u> </u>
	My address is(street)		(city)	,	e) (zip code	é) (country)
	I declare under penalty of perjury that the foregoing is true a					
	Executed in	County,	State of	, on the	day of(m	, 20 onth) (year)
			Signature of authori	zed agent of contra (Declarant)	cting business e	niliy
oŗi	ns provided by Texas Ethics Commission	www.ethi	cs.state.tx.us			Version V1.0.3337

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	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 If there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI	
1	of business.	ntry of the business entity's place		ficate Number: 7-286225	
	Central Poly-Bag Corp. Linden, NJ United States	the applycast far which the form is		Filed: 1/2017	
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	ne contract for which the form is		Acknowledged:	
		We and the annual of treat on Islandi	(1) 4	nutreat and mus	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi 12-17-SP04-238 Janitorial Products	ided under the contract.	/ 116 64	ninger ang hio	VIUE A
4	Naws of Interacted Darty	City, State, Country (place of busin	ess)	•	f interest oplicable)
L	Name of Interested Party	City, State, Country (place of Susin		Controlling	Intermediary
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F	<u></u>				
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-			·		
5	Check only if there is NO Interested Party.	<u></u>			
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the			e and correct.
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said $\underline{PPOVV}$	<u>w+106615</u> , this the 2	21	day of	<u>òv.</u> ,
	Nicol No	le M Lawson tary Public ew Jersey	: 		
	Signature of officer administering oath	NAM ELINIPOD & D. OO	iție of c	ifficer attrninisteri	ng oath
Fo		hics.state.tx.us		Ver	sion V1.0.3337
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#### FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parti Complete Nos. 1, 2, 3, 5, and 6 if there are no interest		CE	OFFICE US	
1	Name of business entity filing form, and the city, s of business.	Ceri	tificate Number: .7-287193		
-	Unipak Corp.				
	Brooklyn, NY United States Name of governmental entity or state agency that i			e Filed: 27/2017	
2	being filed.	is a party to the contract for which the form is	1.112	.172011	
	City of McAllen			e Acknowledged 04/2018	:
(	Provide the identification number used by the gove rescription of the services, goods, or other proper	ernmental entity or state agency to track or identi ty to be provided under the contract.	fy the c	ontract, and pro	vide a
	2-17-SP04-238 Ianitorial Products				
4				Nature o	f interest
•	Name of Interested Party	City, State, Country (place of busi	ness)		plicable)
Mar	uc Prion	Brooklyn, NV United States		Controlling	Intermediary
war	cus, Brian	Brooklyn, NY United States		X	
i C	ieck only if there is NO Interested Party.				
U	ISWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·			
м	name is	and my data of	hirth io		
141			Dirutio	<u> </u>	<sup>*</sup>
М	address is				
	(slreet)	(cily) (s	late)	(zip code)	(country)
10	eclare under penalty of perjury that the foregoing is tri	ue and correct.			
E:	ecuted in	County, State of, on the	da	ay of	, 20
				(monih)	_,(year)
		Signature of authorized agent of con	Iracting	business entity	
		(Declarant)	, wound		
orm	provided by Texas Ethics Commission	www.ethics.state.tx.us		Vers	on V1.0.3337

	CERTIFICATE OF INTERESTED PAR	(IE)		FOR	м 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 partles.		CEI	OFFICE USI	
1	ame of business entity filing form, and the city, state and country of the business entity's place i business. nipak Corp.		Certificate Number: 2017-287193		
2	Brooklyn, NY United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		Date Filed: 11/27/2017		
	ity of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 12-17-SP04-238 Janitorial Products	ity or state agency to track or identified under the contract.	y the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of bueir			
	· · · · · · · · · · · · · · · · · · ·			Controlling	Intermédia
(V18	arcus, Brian	Brooklyn, NY United States		X	
			·		
5	Check only If there is NO Interested Party.			<u> </u>	
6	AFFIDAVIT I swear, or Stephanic Samaroo Matiinez Notery Public State of New York No. 015A6170106 Cuestified in Kinge Courty Commission Expires December 24 2011.	alfirm, under penalty of perjury, that the			e and correct.
	AFFIX NOTARY STAMP / SEAL ABOVE	olginadio ol nativalizza algeni ol sist		, <i>sach</i> , and sharp	
	Sworn to and subscribed before me, by the said $\frac{\beta_{f}}{20}$ , to cartify which, witness my hand and seal of office.	Mara), this the	3v	day of N	<u>w</u> .
	Signature of officer administering path Printed name of	ANCE Spinistering oath	Fitle of (	NO MYC	
	ъ — — — — — — — — — — — — — — — — — — —	·-			

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	Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no intereste					FFICE US	E ONLY N OF FILING
	lame of business entity filing form, and the city, st f business. afeway Supply Inc. an Antonio, TX United States	ate and coun	try of the business	entity's place	Certific 2017-2 Date Fil		
b	ame of governmental entity or state agency that is eing filed. ity of McAllen TX	a party to th	e contract for whic	h the form is	12/04/2 Date Ac 04/04/2	knowledged	:
d 1	rovide the identification number used by the gove escription of the services, goods, or other property 2-17-SP04-238 upply Contract for the Purchase of Janitorial Pro	y to be provid	ity or state agency t led under the contr	o track or identify act.	the cont	ract, and pro	wide a
4	Name of Interested Party	Name of Interested Party City, State, Country (place of business)					f Interest oplicable) Intermediary
Hunt	e, Garth		San Antonio, TX	United States	×	Controlling	anomiculary
h			<u> </u>				••••••••••••••••••••••••••••••••••••••
5 Ch	eck only if there is NO Interested Party.						
	SWORN DECLARATION		· · · · ·				
Му	name is			, and my date of bi	rth Is		·································
Мy	address is		'(city)		e) (	(zip code)	(country)
t de	clare under penalty of perjury that the foregoing is tru	e and correct.					
Exe	ecuted in	County,	State of	, on the	day o	f(month)	_, 20 (year)
							(,,
			Signature of authori	zed agent of contra (Declarant)	cting bus	iness entity	
orms	provided by Texas Ethics Commission	www.ethic	s.state.tx.us			Vers	ion V1.0.3337

CERTIFICATE OF INTERESTED PAI	RTIES	FO	RM 1295				
		10	1 of 1				
Complete Nos, 1 - 4 and 6 if there are interested partles.' Complete Nos, 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO					
of business.	Safeway Supply Inc.						
San Antonio, TX United States 2 Name of governmental entity or state agency that is a party to	San Antonio, TX United States						
City of McAllen TX	Date Acknowledged						
<ul> <li>Provide the Identification number used by the governmental endescription of the services, goods, or other property to be prov</li> <li>12-17-SP04-238</li> <li>Supply Contract for the Purchase of Janitorial Products</li> </ul>	ntity or state agency to track or identify vided under the contract.	the contract, and pro	ovide a				
4 Name of Interested Party	City, State, Country (place of busine	ess) (check a	of Interest pplicable)				
Hunte, Garth	San Antonio, TX United States	Controlling X	Intermediary				
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	· · · · · · · · · · · · · · · · · · ·						
5 Check only if there is NO Interested Party.	<u> </u>						
6 AFFIDAVIT I swear, or LORRAINE BURROWS Notary Public, State of Texas Comm. Expires 08-23-2021 Notary ID 131256843	attirm, under penalty of perjury, that the a		and correct,				
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the saidOMNNY 2017, to certify which, witness my hand and seal of office,	HUNTC, inis the 4	-H1day of	<u>eC.</u> ,				
Signature of officer administering call Printed name of		UV (MAISINA) e of officer administeri	ng oath				
orms provided by Texas Ethics Commission www.eth	nics,state.tx.us	Vers	sion V1.0,3337				

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FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parti- Complete Nos. 1, 2, 3, 5, and 6 if there are no interest			c	OFFICE US			
1	Name of business entity filing form, and the city, s of business.	tate and country of th	ie business entity's		Certificate Number: 2017-289456			
	Yanitor Paper and Supplies, LLC Pharr, TX United States				Date Filed:			
2	Name of governmental entity or state agency that i	s a party to the contra	act for which the foi		/01/2017			
İ	being filed. City of McAllen, TX				te Acknowledged	:		
	•				/04/2018	-		
3	Provide the identification number used by the gove description of the services, goods, or other proper	ernmental entity or sta ty to be provided und	ate agency to track ler the contract.	or identify the	contract, and pro	wide a		
	12-17-SP04-238 SUPPLY CONTRACT FOR THE PURCHASE O	F JANITORIAL PRO	DUCTS					
4	Name of Interacted Darty	city c	State, Country (place	a of business	1	f interest		
	Name of Interested Party	GILY, 2	-aay connut (hise	ior ກ່າວແທຍSS)	Controlling	pplicable)		
Fra	anco, Carlos	Phar	r, TX United States	3	X			
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	999 999 999 99 99 99 99 99 99 99 99 99							
5	Check only if there is NO Interested Party.							
<b>i</b> 1	UNSWORN DECLARATION							
I	My name is		, and m	y date of birth is	s			
,	My address is							
1	(street)	J	(city)	, (state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is tr	ue and correct.						
	Executed in	County, State o	of	, on the	day of	, 20,		
					(month)	(year)		
		Signat	ure of authorized age (Declared		g business entity			
orr	ns provided by Texas Ethics Commission	www.ethics.state	,		Vere	ion V1.0.3337		
7 A #	the stand of the second methods and the second seco	and the second sec						

CERI	TIFICATE OF INTERESTED PARTIES		FOF	RM 1295		
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Complete Complete	Nos. 1 - 4 and 6 if there are interested parties. Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FI			
1 Name of of builting	business entity filing form, and the olly, state and country of the Intsiness entity's iss.	pland Con	Cartiflanto Number: 2017-289456 Data Filed: 12/01/2017 Dato Acknowledged:			
	Paper and Supplies, LLC K United States					
being file	governmental entity or state agency that is a party to the contract for which the fo d. cAllen, TX					
dosedpth 12-17-Si	he identification number used by the governmental entity or state againcy to track in of the services, goods, or other property to be provided under the contract. 204-238 CONTRACT FOR THE PURCHASE OF JANITORIAL PRODUCTS	or identify the c	contract, and pro	wide a		
4		and Summer one "The Pro-		f Interest		
16	Name of Interested Party City, State, Country (plac	e of husinoss)	(chock a Controlling	ppl(cablo) Intermedian		
Franco, Car	los Phun, TX United State	S	X			
5 Chook on	ly if there is NO Interested Party.					
Swom <u>m</u> e	RICARDO A SEPULVEDA Notary Public State of Texas D H 16 1503-1 My Comm. Expires 08-25-2020 Skinniure if nultionzad ac Skinniure if nultionzad ac Skinniure if nultionzad ac stary STAMP / SEAL ABOVE and subscribed balane ma. by the said to certify which, waters my hand and seal of office.	V jont of contractin 6//	in business onlity	confort.		
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forms provid	lad by Texas Ethics Commission www.ethics.state.tx.iis		Vé	slon V1,0,33;		

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Γ	Complete Nos. 1 - 4 and 6 if there are interested parties Complete Nos. 1, 2, 3, 5, and 6 if there are no intereste			OFFICE US		
1	Name of business entity filing form, and the city, sta		CERTIFICATION OF FILI Certificate Number:			
	of business. american pride paper and plastic		201	8-328568		
	lakewood, NJ United States		Date Filed:			
2	Name of governmental entity or state agency that is being filed.	a party to the contract for which the form is	03/21/2018			
	City of McAllen			Acknowledged: )4/2018		
3	Provide the identification number used by the gover description of the services, goods, or other property	nmental entity or state agency to track or identify / to be provided under the contract.	the c	contract, and pro	vide a	
	12-17-SP04-238 JANITORIAL PRODUCTS					
4				Nature o		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	pplicable)	
••••	**************************************			Controlling	intermediary	
_					<u> </u>	
	Check only if there is NO Interested Party.					
	UNSWORN DECLARATION					
	My name is	, and my date of b	irth is			
	My address is		4			
	(street)	(city) (sta	te)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true	e and correct.				
	Executed in	County, State of, on the	d	ay of	_, 20	
				(month)	(year)	
		Signature of authorized agent of contr	acting	business entity		
	nin nyaridad ku Tayat Fibias Cantinitatas	(Declarant)		11	on 114 O FROM	
II.	ns provided by Texas Ethics Commission	www.ethics.state.tx.us		vers	ion V1.0.5523	

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Com	plete Nos. 1 - 4 and 6 if th	ere are interesteri na	rtles						OFFICE US	1 of 1 E ONLY
Con	plete Nos. 1, 2, 3, 5, and 6	if there are no interested parts	sted parti	65.				CEI	RTIFICATION	
of bi	e of business entity filin usiness. rican pride paper and p		, slate an	d countr	y of the busine	ess entity's p	olace		ficate Number: 3-328568	
lake	wood, NJ United States	:							Filed: 1/2018	
bein	e of governmental entity g filed. of McAllen	or state agency tha	at is a par	ty to the	contract for w	hich the for	m is		Acknowledged	ſ
desc 12-:	ide the identification nur ription of the services, g 17-SP04-238 iTORIAL PRODUCTS	nber used by the go oods, or other prop	overnmen erty to be	tal entity provide	or state agen d under the oc	cy to track c ontract.	or identify	the co	ontract, and pro	vide a
4										finterest
	Name of Int	erested Party			City, State, Co	untry (place	of busine	55)	(check a Controlling	pplicable) Intermediary
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C LINE	k only if there is NO inte		×							
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My ac	kiress is 7 3	(street)	21		(	city)	(sta		(zlp code)	(country)
l dec	lare under penalty of perju	ry that the foregoing i	is true and	i correci.						
Exec	uled in (2)	LEAN		_County,	State of MEI	v Jeose	, on the _	<u>71</u> d	ay of <u>Ant In</u> (month)	(year)
					Signature of at	uthorized age (Declar	ent of contr	acting	i business entity	
Cornie o	rovided by Texas Ethic	s Commission	W	ww.ethi	s.slate.tx.us	- (necisi	any		Vei	rsion V1.0.5523

ms provided by Texas Ethics Commission	(Declarant) www.ethics.state.tx.us			ion V1.0.33		
	Signature of authorized agent of	contractin	g business entity			
Executed in	County, state of, on	(DØ	day of (month)	_, 20 (year)		
I declare under penalty of perjury that the foregoing is tru		tha	day of	00		
(street)	(city)	(state)	(zip code)	(country)		
My address is		t				
My name is	, and my da	te of birth i	S	<u> </u>		
Check only if there is NO Interested Party.						
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eln, Jack	Piscataway, NJ United Stat	tes	X			
	City, State, Country (place of	businessj	Controlling	intermedi		
Name of Interested Party	City, State, Country (place of	husinger		ure of interest ck applicable)		
Provide the identification number used by the gover description of the services, goods, or other property 12-17-SP04-238 Janitorial Products	rnmental entity or state agency to track or id y to be provided under the contract.	lentify the	contract, and pro	vide a		
City of McAllen		04	te Acknowledged /04/2018			
Name of governmental entity or state agency that is being filed.	s a party to the contract for which the form l		te Filed: /04/2017			
All American Poly Piscataway, NJ United States			17-289947			
<ul> <li>Name of business entity filing form, and the city, st of business.</li> </ul>		ce Ce	ERTIFICATION	V OF FILI		
Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no interested			OFFICE US			
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CERTIFICATE OF INTERESTI	ED PARTIES		FOI	rm <b>129</b> !		

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CERTIFIC	ATE OF INTERESTE	D PARTIES	•	FO	RM 1295
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Complete Nos. 1 - Complete Nos. 1,	4 and 6 if there are interested parties 2, 3, 5, and 6 if there are no interested	d parties.	CE	OFFICE US	
1 Name of busines of business. All American Po	•	ite and country of the business entity		lificate Number: 7-289947	· ·
Piscataway, NJ 2 Name of governm	United States	a party to the contract for which the l		e Filed: )4/2017	
being filed. City of McAllen		•	Date	Acknowledged	1:
3 Provide the ident description of the 12-17-SP04-238 Janitorial Produc	services, goods, or other property	nmental entity or state agency to trac to be provided under the contract.	k or identify the c	contract, and pro	ovide a
4 .	Name of Interested Party	City, State, Country (pla	ace of business)	(check a	of Interest pplicable)
Ittain Inclu	<u></u>	Piscataway, NJ Unite	d States	Controlling X	Intermedia
Klein, Jack		PISLALAWAY, NJ UTIRE	U DIALES	^	
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the state of the Vitaba	·				
5 Check only if there	a is NO Interested Party.		1	•	•
6' AFFIDAVIT	•	i swear, or affirm, under penalty of perju	ury, that the above	disclosure is tru	e and correct;
	· · ·	Am the	• • • •	•	
		Signature of authorized a	gent of contracting	ı büsiness entity	
Sworn to and subsc	TAMP / SEAL ABOVE		DEC	- <u>A</u> 2017 day of	
20, to cer	tily which, witness my hand and seal	of office. EZEKIEL ROSEN NOTARY PL STATE OF NEW	IWASSER JBLIC		
	teer administering oath Print	GTATE OF NEW MY COMMISSION EXPIR ed name of officer administering oath	ES MAY 22, 2019	-	· ·
Dimension A : 21				officer administer	លអ្ន បុង្សា 👘

CERTIFICATE OF INTERESTE	D PAR	TIES			FOI	тм <b>1295</b>	
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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				OFFICE USE ONLY CERTIFICATION OF FILI			
<ol> <li>Name of business entity filing form, and the city, sta of business.</li> </ol>	ite and coun	try of the business	entity's place	Certificate Number:			
Interboro Packaging Corporation				2017-28	7581		
Montgomery, NY United States			Al 4 1 -	Date File 11/28/20			
2 Name of governmental entity or state agency that is being filed.	a pany to m	le contract for which	i me iorin is				
City of McAllen				Date Ack 04/04/20	nowledged )18	:	
Provide the identification number used by the goven description of the services, goods, or other property	nmental enti to be provid	ity or state agency to ded under the contra	o track or identify act.	the contra	act, and pro	vide a	
12-17-SP04-238	• • •						
Janitorial Products							
1 Name of Interested Party	Name of Interested Party City, State, Country (place of busine					of interest applicable)	
		City, State, Cullia	y (place of pushi	· –	ontrolling	Intermediar	
······································							
Check only if there is NO Interested Party.							
UNSWORN DECLARATION							
My name is			, and my date of b	rth is			
My address is							
(street)		(city)	(sta	.e) (z	rip code)	(country)	
I declare under penalty of perjury that the foregoing is true	e and correct.						
Executed in	County	State of	, on the	day of		, 20	
					(monlh)	(year)	
		Signature of authori	zed agent of contra	acting busin	ness entity		
rms provided by Texas Ethics Commission	www.ethi	cs.state.tx.us	(Declarant)		Verg	ion V1.0.333	

CERTIFI	CATE OF INTERESTE	ED PARTIES		FORM 129
Complete Nos.		OFFICE USE ONLY		
1 Name of busin of business.	i) i)	a parties. ate and country of the business entity	/'s place Cert	RTIFICATION OF FIL lificate Number: 7-287581
Montgomery, I	aging Corporation VY United States	a party to the contract for which the		> Filed: 28/2017
being filed. City of McAller	· · · · · · ·		•	Acknowledged:
description of t 12-17-SP04-2	he services, goods, or other property 38          ;	mmental entity or state agency to trac y to be provided under the contract.	ck or identify the c	contract, and provide a
Janitorial Prod				Nature of Interest
	Name of Interested Party	City, State, Country (pl	ace of business)	(check applicable) Controlling Interme
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1. dr.				
Maini 91,007	<i>i</i> 1			
1.10/1 7.301	<u></u> . <u>8</u> 4			
1.01.	<u></u>	 	•	
1.10 1241				
5 Check only if th	ere is NO Interested Party.			
6 AFFIDAVIT	MAYER JEREMIAS Public State Of New York	l swéar, or affirm, under penalty of per	rjury, that the above	a disclosure is true and corre
- <u>)</u> Ou	No. 01JE6343141 alified In Orange County mission Expires June 06, 2020	Signature of authorized	agent of contracting	g business entity
1.1	STAMP / SEAL ABOVE			
	entify which, witness my hand and seal		, this the	day of <u></u>
	MM	المراجع المراجع من المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع المراجع الم	Title of	officer administration onth
Signature of	officer administering cath Prin	ted name of officer administering oath	Title Of	officer administering oath

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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 intereste					OFFICE US	E ONLY N OF FILING	
	lame of business entity filing form, and the city, sta f business.	ate and cour	ntry of the business	entity's place	Certifi	icate Number: 329669		
	Fordion Packäging Itd							
	Wyckoff, NJ United States lame of governmental entity or state agency that is	a party to t	he contract for whic	h the form is	Date Filed: 03/23/2018			
be	eing filed. Sity of McAllen Purchasing				Date A	cknowledged:		
	ay or modeler rearing				04/04/		•	
3 Pr đe	rovide the identification number used by the gover escription of the services, goods, or other property	nmental ent	ity or state agency ded under the contr	to track or identify	the co	itract, and pro	vide a	
12	2-17-SP04-238							
J/	ANITORIAL SUPPLIES							
4	Name of Interested Party		City, State, Count	ry (place of busine			of interest applicable)	
					,  -	Controlling	Intermediary	
Fori	DIÓN PACKÁGING LTD		Wyckoff, NJ Un	ited States		х		
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<u> </u>							- <del>h</del>	
i Ch	eck only if there is NO Interested Party.							
UN	SWORN DECLARATION							
My	name is			, and my date of bi	ith is			
				•				
Му	address is		,(city)	(stat	' 3)	(zip code)	(country)	
	. ,			<b>,</b>	.,	(	(source)	
l de	eclare under penalty of perjury that the foregoing is true	e and correct	1					
Exe	ecuted in	County	State of	, on the	day		_, 20	
						(month)	(year)	
		<del>,.</del>	Signature of author	ized agent of contra	cting bu	isiness entity	·····	
nme	provided by Texas Ethics Commission	MANNA OFFI	cs.state.tx.us	(Declarant)		Marri	ion Vt 0 5500	
ana.	highred plant exds cruics commission	AAAAAA*GELU	calataneux.us			versi	ion V1.0.5523	

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	км <b>1295</b> 1 оf 1
F			<u> </u>	OFFICE US	
	Complete 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 OF FILING
1	Name of business entity filing form, and the city, state and count of business. Fordion Packaging ltd	Certificate Number: 2018-329669			
Ì	Wyckoff, NJ United States		Date i		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen Purchasing	a contract for which the form is		V/2018 Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide 12-17-SP04-238 JANITORIAL SUPPLIES	y or state agency to track or identify ad under the contract.	the co	ntract, and pro	Vidə a
4	Name of Interested Party	City, State, Country (place of busine	95\$)	(check aj	f interest oplicable)
╞				Controlling	Intermediary
	DRDION PACKAGING LTD	Wyckoff, NJ United States		X	*****
5	Check only if there is NO Interested Party.				
6		iitiiliden an anna anna anna anna anna anna ann			
	My name is brian Manan	, and my date of bl	rth is _		,
	My address is 631 WYLLOFFAUL	He 335 Lay LILEA	<u> </u>	S O 7 U (zip code)	(gending)
	I declare under penalty of perjury that the foregoing is true and correct. Executed in <u>BORSEN</u> COUNT. County,	state of ALD De C. Shart for	23	y of <u>MARU</u> (month)	ц. 20. (year)
		Signature of authorized agont of contra	ecting t	usiness entity	
		(Declarant)	v -		lon V1.0,5523
-01	ms provided by Texas Ethics Commission www.ethic	cs.state.tx.us		Vera	1011 Y 4.0,3323

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Complete Nos. 1 Complete Nos. 1,	- 4 and 6 if there are interested par 2, 3, 5, and 6 If there are no intere	tles. sted parties.	ČE	OFFICE US	
				ificate Number: 7-288088	
San Antonio, T			Date	e Filed:	
<ol> <li>Name of governr being filed.</li> </ol>	nental entity or state agency that	t is a party to the contract for which the form is	11/2		
Cily of McAllen				Acknowledged 4/2018	;
description of the 12-17-SP04-238	e services, goods, or other prope	vernmental entity or state agency to track or identif erty to be provided under the contract. products	y the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busir	iess)	(check aj	f interest oplicable)
Shook, Butch		San Antonio, TX United States		Controlling X	Intermediary
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		· · · · · · · · · · · · · · · · · · ·			
					<u> </u>
Check only if there	s is NO Interested Party.	]			
UNSWORN DECLA	RATION				
My name is	· · · · · · · · · · · · · · · · · · ·	, and my date of t	oirth is .		,'
My address is	(street)	(cily) (sta	' ite)	(zlp code)	(country)
I declare under pen	alty of perjury that the foregoing is	true and correct.			
Executed in		County, State of, on the	da	ay óf	_, 20
				(month)	(year)
		Signature of authorized agent of contr (Declarant)	acting	business entity	
orms provided by Te	exas Ethics Commission	www.ethics.state.tx.us		Vers	ion V1.0,3337

	<b>CERTIFICATE OF</b>	INTERESTED	PARTIES
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	mplete Nos. 1 - 4 and 6 if there are interested parties,	·		OFFICE USI	E ONLY
	mplete Nos. 1, 2, 3, 5, and 6 if there are no interested partles.		CE	RTIFICATION	I OF FILING
	me of business entity filing form, and the city, state and cour business,	ntry of the business entity's place		ificate Number: 7-288088	
1	ateway Printing & Office Supply, Inc.		201	1*200000	
	n Antonio, TX United States			9/2017	
	2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				
	y of McAllen		Date	Acknowledged:	
					and the second state of the second states of the second states of the second states of the second states of the
	ovide the identification number used by the governmental en scription of the services, goods, or other property to be provi		the c	ontract, and pro	vide a
	-17-SP04-238				
Su	pply Contract for the Purchase of Janitorial products				
4	······································	1		Nature o	f interest
1	Name of Interested Party	City, State, Country (place of busine	ess)	i	oplicable)
				Controlling	Intermediary
Shool	c, Butch	San Antonio, TX United States		х	
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				3	
		REC	E	VED	
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		DEC	11 4	2017	
		Purchasing	- 2.	Contrad	tina
		BV:	X	Contrac	ung
		uy	म	4	a
5 Che	ack only if there is NO Interested Party.				
6 AFF					
	Forver, or	affirm, under penalty of perjury, that the a	move	disclosure is inte	and correct,
	TERESA STOUTON				
	Comm. Expires 10-16-2019	D. Ahool			
	Notary ID 13040649-8	Signature of authorized agent of contra	acting	business entity	
AFF	IX NOTARY STAMP / SEAL ABOVE		لعر	9 1	/ ,
Swo	orn to and subscribed before me, by the said $\underline{BVtch}$	Shoon, this the 2	197	day of/3	Vember.
20_	, to certify which, witness my hand and seal of office.				
	A D	~			
	1 Ato T.	Stouton H	$\mathcal{A}$	U anin	april
<u> </u>	Signature of officer administrations on the			Hipper administration	
	Signature of officer administering oath Printed name of a	officer administering oath Titl	10 VI 0	fficer administerin	ift odili

CERTIFICATE OF INTERESTED PAR	RTIES	FO	км <b>1295</b>
			1 of 2
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	
1 Name of business entity filing form, and the city, state and cour of business. the Town Band Association	ntry of the business entity's place	Certificate Number: 2018-318376	
McAllen, TX United States		Date Filed: 02/24/2018	
2 Name of governmental entity or state agency that is a party to t being filed. the City of McAllen	the contract for which the form is	02/24/2018 Date Acknowledged	:
Provide the identification number used by the governmental end description of the services, goods, or other property to be provide GF 2017 \$14,400 grant through the City of McAllen General Fund	tity or state agency to track or Identify ided under the contract.	the contract, and pr	ovide a
	1	Nature	of interest
4 Name of Interested Party	City, State, Country (place of busine	ess) (check a	pplicable)
	McAllan TV United States	Controlling	Intermediary X
Keebaugh, Ed	McAllen, TX United States		
Medina, Oscar	McAllen, TX United States		X
/anEpps, Beth	McAllen, TX United States		Х
Butcher, Markus	Mission, TX United States		x
Zapata, Annabelle	McAllen, TX United States		х
Ballinger, Robert	McAllen, TX United States		х
Cantu, Carlos	Edinburg, TX United States		×
Stevens, Jon	McAllen, TX United States		×
Flores, Robert	Mission, TX United States		×
Pierson, Elizabeth	Donna, TX United States		х
Salazar, Robert	McAllen, TX United States		×
Dlivarez, Roger	Rio Grande City, TX United State	s	х
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Forms provided by Texas Ethics Commission

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Version V1.0.5523

Γ	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	of business,	try of the business entity's place		ficate Number: 3-318376	
.	the Town Band Association McAllen, TX United States		1 C .	Filed:	
2	Name of governmental entity or state agency that is a party to th being filed. the City of McAllen	e contract for which the form is	- 02/24/2018 Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid GF 2017 \$14,400 grant through the City of McAllen General Fund	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	vide a
F				Nature of	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
L				Controlling	Intermediary
					<u> </u>
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$\vdash$					
$\vdash$					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				,
	Myname is Beth Van Epps	, and my date of	birth is	10/18	1969
	My address is 2317 Brazos Ave (street)	(city) (s	X, tate}	78564 (ztp code)	Hidalgo
	ALMA VILLABREAL	rt. y, State of <u>TLXAS</u> , on the	whith e	lay of <u>Feloria</u> i (month)	<u>''4</u> , 20 <u> 8</u> . (year)
	Notary Public STATE OF TEXAS Notary ID# 12474934-4 My Comm. Exp. 11-17-2019	Signature of authorized agent of con (Declarant)	tracting	g business entity	

Forms provided by Texas Ethics Commission

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	CERTIFICATE OF INTERESTED PAR	RTIES		FOI	RM <b>1295</b>	
_			- <u>r</u>	OFFIDE UD	1 of 2	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US RTIFICATION		
1	Name of business entity filing form, and the city, state and cour of business. the Town Band Association	ntry of the business entity's place		ificate Number: 3-318376		
	McAllen, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	02/2	02/24/2018		
	the City of McAllen			Acknowledged 6/2018	:	
3	Provide the identification number used by the governmental em description of the services, goods, or other property to be provi GF 2017 \$14,400 grant through the City of McAllen General Fund		y the c	ontract, and pro	ovide a	
4	Name of Interested Party	City, State, Country (place of busir	iess)		of interest pplicable)   Intermediar	
Ke	eebaugh, Ed	McAllen, TX United States			x	
Ņ	edina, Oscar	McAllen, TX United States			х	
Va	anEpps, Beth	McAllen, TX United States			x	
Butcher, Markus		Mission, TX United States			X	
Za	pata, Annabelle	McAllen, TX United States		-	Х	
Ba	llinger, Robert	McAllen, TX United States			Х	
Ca	ntu, Carlos	Edinburg, TX United States			х	
Ste	evens, Jon	McAllen, TX United States			х	
-10	ores, Robert	Mission, TX United States			X	
Pie	erson, Elizabeth	Donna, TX United States			X	
Sa	lazar, Robert	McAllen, TX United States			х	
Oli	varez, Roger	Rio Grande City, TX United State	eș.		х	
					-	

	CERTIFICATE OF INTERESTED	PARTI	EŚ		FO	RM <b>1295</b>
L			· ·			2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	arties.			OFFICE US	
1	Name of business entity filing form, and the city, state of business.	and country	of the business entity'		Certificate Number: 2018-318376	:
	the Town Band Association McAllen, TX United States				Date Filed:	
2	Name of governmental entity or state agency that is a p being filed.	party to the c	ontract for which the f	orm is	02/24/2018	
	the City of McAllen			E	Date Acknowledged 04/06/2018	i:
3	Provide the identification number used by the governm description of the services, goods, or other property to GF 2017 \$14,400 grant through the City of McAllen General F	be provided	or state agency to track under the contract.	c or identify t	he contract, and pr	ovide a
4						of interest
,	Name of Interested Party	C	ity, State, Country (pla	ce of busines	ss) (check a Controlling	applicable) Intermediary
					Controlling	Internetical
	<u> </u>					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		, and	my date of bi	dh is	
	My address is		(city)	,(stat	e) (zip code)	_, (country)
	I declare under penalty of perjury that the foregoing is true a	and correct		·		
						60
	Executed in	Counly, S	tate of	, on the	day of(month)	, 20 ) (year)
		5	Signature of authorized a (Dec	gent of contra larant)	acting business entity	f
Fo	ms provided by Texas Ethics Commission	www.ethics	,state.tx.us		Ve	rsion V1.0,552

	CERTIFICATE OF INTERESTE	D PAR	TIES				FOF	RM 1295
			·· · · ·					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	parties.				CE	OFFICE US RTIFICATION	
1					ificate Number: 3-336015			
	Pathfinder Public Affairs, Inc. Edinburg, TX United States						Filed:	
2	Name of governmental entity or state agency that is a being filed. McAllen Hidalgo International Bridge	1 party to th	e contrac	for which	the form is		9/2018 Acknowledged:	1
	moraidi Finango international binage							-
3	Provide the identification number used by the govern description of the services, goods, or other property No. 04-18-NBI47-01	to be provid	ty or state led under	agency to the contra	o track or identify act.	the c	ontract, and pro	vide a
	consulting services for legislative and local represe	intation						
4	Name of Interested Party		City, Sta	te, Countr	y (place of busin	ess)		f interest pplicable)
							Controlling	Intermediary
Ra	amirez, Rene A		Edinbu	rg, TX Un	ited States		x	
					· · · · · · · · · · · · · · · · · · ·			
	-,							- mp 4
								···
	······································							
5	Check only if there is NO Interested Party.					<u>.</u>	I	
6	UNSWORN DECLARATION	· · · · · · · · · · · · · · · · · · ·						
	My name is Rene A. Ramirez				and my date of b	irth is _	06/06/1969	·
	My address is 1508 S Lone Star Way Unit 1		,Ed	inburg	T	x	78539	USA
	(street)			(city)	(stal	le)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true	and correct.						
	Executed inHidalgo	County,	State of _	Texas	, on the	Ə da	y of <u>April</u> (month)	_, 20 <u>_18</u> . (year)
				$\widehat{\mathcal{D}}$	)		4	Q.001
			Signature	of authori	zed agent of contra	acting	business entity	
			-		(Declarant)			
ori	ns provided by Texas Ethics Commission	www.ethi	cs state b	us			Vers	ion V1.0.552

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CERTI	FICATE OF INTERESTED	D PARTIES		FOI	RM <b>129</b>
Complete N 1 Name of bu- of business Pathfinder Edinburg, 2 Name of go being filed. McAllen Hi 3 Provide the	os. 1 - 4 and 6 if there are interested parties, os. 1, 2, 3, 5, and 6 if there are no interested p isiness entity filing form, and the city, state i. Public Affairs, Inc. IX United States vernmental entity or state agency that is a dalgo International Bridge identification number used by the governm of the services, goods, or other property to	and country of the business entity's p party to the contract for which the form nental entity or state agency to track o	lace Cer 201 Date 1 is O4/0 Date 04/0	OFFICE US ERTIFICATION tificate Number: 8-336015 9 Filed: 09/2018 2 Acknowledged 09/2018 contract, and pro	N OF FILI
	NBI47-01 services for legislative and local represer	ntation		Nature c	of interest
4	Name of Interested Party	City, State, Country (place	of business)	(check a Controlling	pplicable) Intermed
Ramirez, Ren	e A	Edinburg, TX United Stat	les	X	
	· · · · · · · · · · · · · · · · · · ·				
5 Check only i	f there is NO Interested Party.				***
6 UNSWORN D		and my	date of birth is	····· . ···.	
wy name is _		, and My	adic of Mith IS		
My address is	(street)	(city)	1 (state)	(zip code)	(country)
l declare und	er penalty of perjury that the foregoing is true a	and correct.			
		County. State of	on thed	lay of	, 20

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	CERTIFICATE OF INTERESTED PAR	TIES		FO	TM <b>1295</b>
1=			prove		
	Complete 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	of business.	try of the business entity's place		tificate Number: 8-323743	
	GO UNDERGROUND, LLC. Harlingen , TX United States			2 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		)8/2018 Acknowledged	1
3	Provide the identification number used by the governmental entit	ly or state agency to track or ider	lify the c	contract, and pro	vide a
	description of the services, goods, or other property to be provid 03-18-C13-249 removal/installation of PVC Pipe, RCP Well, Canal gates, Cor		es and ti	te removal of th	e evistion
	canal.	since contains contentie contain			is onioting
4	Name of Interested Party	City, State, Country (place of bu	siness)		f interest oplicable)
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				ļ
	My name is <u>George</u> Olivares My address is <u>603</u> South tower Rd	, and my date	of birth is	13/13	1953.
	My address is <u>603</u> South tower R2	<u>Alamo</u>	TX	78516	
	I declare under penalty of perjury that the foregoing is true and correct,				
	Executed in <u>Cameron</u> County,				(J. 201)
		Signature of authorizel( agent of co (Declarant)	muracting	ousiness entity	
For	ns provided by Texas Ethics Commission www.ethic	s.state.tx.us		Vers	ion V1.0.5523

FORM 1295

1 of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		GE	OFFICE USE	
1	Name of business entity filing form, and the city, state and cou	ntry of the business entity's place	Cert	tificate Number:	or muuo
ľ	of business		201	8-323743	
	Harlingen, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is		08/2018	
	being filed.		<b></b>	المنتخصة متحصورا مراجع	
	City of McAllen		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	e Acknowledged: 10/2018	
	Provide the identification number used by the governmental en	the of state because to trade or Manth			uide a
3	description of the services, goods, or other property to be prov	ided under the contract.	i y i tite t	sources, and hio,	51.GG 21
-	03-18-C13-249 removal/installation of PVC Pipe, RCP Well, Canal gates, Co canal.	oncrete Collars, Concrete Canastes	s and t		
4				Nature of	
•	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap Controlling	plicable) Intermediary
				Controliting	mermediary
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				<u> </u>	
				┟───┤	
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				<u> </u>	·····
-					_
<b></b>				<u> </u>	
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION		<u> </u>		
	· · · · · · ·				
	My name is	, and my date of	f birth is	š	································
	ut i a debica la				
	My address is(street)	(cily) (t	itate)	(zlp code)	(country)
		, N	-		
	I declare under penalty of perjury that the foregoing is true and correc	st.			
	Executed inCount	y, State of, on the	c	day of	_, 20
				(month)	(year)
		Signature of authorized agent of cor	itracting	g business entity	
		(Declarant)			1
or	ms provided by Texas Ethics Commission www.eth	hics.state.tx.us		Vers	ion V1.0.5523

CERTIFICATE OF INTERESTED PA	RTIES	FOR	м 1295
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US	
<ol> <li>Name of business entity filing form, and the city, state and co of business.</li> <li>FOREMOST PAVING, INC.</li> </ol>	ountry of the business entity's place	Certificate Number: 2018-313127	
WESLACO, TX United States		Date Filed:	
2 Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	02/13/2018	
CITY OF MCALLEN		Date Acknowledged:	
3 Provide the Identification number used by the governmental description of the services, goods, or other property to be preservices.	entity or state agency to track or identify ovided under the contract.	the contract, and pro	vide a
02-18-C11-237 HIDALGO INTERNATIONAL BRIDGE REPAVEMENT PR	OJECT		
4			f Interest
Name of Interested Party	City, State, Country (place of busine	ess) (check aj Controlling	opilcable)
	MCRIACO TV United States	X	Intermediary
	WESLACO, TX United States		
FORSHAGE III, E.E.	WESLACO, TX United States	X	·
FORSHAGE, JOSEPH E	WESLACO, TX United States	X	
-			
			*
5 Check only if there is NO Interested Party.		<b>1</b>	
6 UNSWORN DECLARATION	1	······································	
My name is Jaseph E. Forsha	9 and my date of t	olrih is 12-4-	1964
My address is <u>PO. Box 29</u> (street)	(cliv)	x, <u>78599</u> ale) (zlp codo)	(country)
I declare under penaly of perjury jhat the foregoing is true and cor	reci,	,	
Executed in H-1 dalgp Con	inly, Slate of <u>TexAS</u> , on the j	15 th of Febr	198 2018
	/ ac	(month)	0 (year)
$\leq$	-faula Car	2	
	Signature of authorized agent of cont (Deciarant)	racting business entity	-
Forms provided by Texas Ethics Commission www.	ethics,state.tx,us	Ver	sion V1.0,5523

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				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	
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> <li>FOREMOST PAVING, INC, WESLACO, TX United States</li> </ol>	OST PAVING, INC. CO, TX United States D			
<ol> <li>Name of governmental entity or state agency that is a party to t being filed.</li> </ol>	he contract for which the fo	111113	02/13/2018	
CITY OF MCALLEN			Date Acknowledged 04/16/2018	
3 Provide the identification number used by the governmental end description of the services, goods, or other property to be provi 02-18-C11-237 HIDALGO INTERNATIONAL BRIDGE REPAVEMENT PRO.	ided under the contract.	c or identify t	he contract, and pro	vide a
4 Name of Interacted Party	City, State, Country (plac	ca of hucina		of interest pplicable)
Name of Interested Party	City, State, Country (play	Ge OF DUSINES	Controlling	Intermediary
PEBLEY, TREY	WESLACO, TX United	l States	×	
FORSHAGE III, E.E.	WESLACO, TX United	States	×	
FORSHAGE, JOSEPH E	WESLACO, TX United	States	х	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name Is	, and	my date of bir	th is	
My address is(street)		(state	e) (zip code)	, (country)
I declare under penalty of perjury that the foregoing is true and correc	:t.			
	y, State of	_, on the	day of	20
			(month)	(year)
	Signature of authorized a	gent of contra arant)	cting business entity	
Forms provided by Texas Ethics Commission www.eth	nics.state.tx.us	-	Ver	slon V1.0.5523

CERTIFICATE OF INTE	RESTED PARTIES		FOF	м 1295
www.www.www.wo.dow.dow.up.out.out.out.out.out.out.out.out.out.out				1 of 1
Complete Nos. 1 - 4 and 6 if there are intere Complete Nos. 1, 2, 3, 5, and 6 if there are i	ested pantes. po interested partles.		OFFICE US	
•	Name of business entity filing form, and the city, state and country of the business entity's place			
Southern Tire Mari, LLC Columbia, MS United States			8-323103 Filed:	
being filed.	ency that is a party to the contract for which the form is		7/2018	
City of McAllen		Date	Acknowledged;	ſ
3 Provide the identification number used b description of the services, goods, or oth 03-18-SP07-49 Purchase of Tires	y the governmental entity or state agency to track or ld her property to be provided under the contract.	entify the o	oniract, and pro	vide a
4 Name of Interested Part	ty City, State, Country (place of i	ousiness)		f Interest oplicable} Intermediary
Dulf, James	Columbia, MS United States	S	x	
Duff, Thomas	Columbia, MS United States	5	x	
				1
	<b></b>			
ungan an				
	******			
E Check only if there is NO interested Party.	·			
5 UNSWORN DECLARATION My name is <u>Richard</u> CONW	and my dat	le of birth is	9/10/50	
My address is 800 Huy 98 (street)	. Columbia	(state)	39429 (210 codo)	USH.
l declare under penalty of perjury that the for	egaing is true and correct.			
Executed in Manon	County, State of on	1110 <b>8 1</b> 1	ay of <u>March</u> (month)	_, 20 <u>18-</u> . (year)
	A			
	Signature of authorized agent of (Declarant)	contracting	business entity	
orms provided by Texas Ethics Commissio	on www.ethics.state.tx.us		Vers	ion V1.0.552

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	CERTIFICATE OF INTERES		FORM 1295		
			·····		1 of 1
	Complete Nos, 1 - 4 and 6 if there are interested pa Complete Nos, 1, 2, 3, 5, and 6 if there are no interest	rties. Isted parties.	CE	OFFICE USI	
1	Name of business entity filing form, and the city of business. Southern Tire Mart, LLC	, state and country of the business entit	y's place Ceri 201	lificate Number: 8-323103	
2	Columbia, MS United States Name of governmental entity or state agency the	at is a party to the contract for which the		e Filed: )7/2018	
	being filed. City of McAllen		Date	Acknowledged: 18/2018	
3	Provide the identification number used by the ga description of the services, goods, or other prop 03-18-SP07-49 Purchase of Tires	overnmental entity or state agency to tra erty to be provided under the contract.	ack or identify the c	contract, and pro	vide a
4					f interest
**	Name of Interested Party	City, State, Country (p	lace of business)	(check a) Controlling	plicable) Intermed
Du	ff, James	Columbia, MS Unite	d States	X	
Du	ff, Thomas	Columbia, MS Unite	d States	×	
-					
			•		
			<u></u>		
5	Check only if there is NO Interested Party.	<b>[]</b>			
6	UNSWORN DECLARATION			. <u></u>	
i	My name is	, ສ	nd my dale of birth is	3	
i	My address is	,(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing	is true and correct.			
	Executed in		, on the	day of	, 20
	Executed In	County, once of		(month)	(yea
		and the second second second second second second second second second second second second second second second			
		Signature of authorized	d agent of contractin	a business entilv	

CERTIFICATE O	F INTERESTED I	PARTIES		FOR	м 1295
Complete Nos. 1 - 4 and 6 if th Complete Nos. 1, 2, 3, 5, and 6	ere are interested parties.		1	OFFICE US	
		les. Ind country of the business entity's place	Cei	ERTIFICATION Hilicate Number: 18-318154	
Pharr, TX United States	v or state agency that is a par	rly to the contract for which the form is		e Filed: 23/2018	
City of McAllen			Dat	e Acknowledged:	
Provide the identification nun description of the services, g 03-18-SP07-49 Tires	mber used by the governmen goods, or other property to b	ntal entity or state agency to track or iden e provided under the contract. 1	lfy the	contract, and pro	vide a
Name of Int	torested Party	City, State, Country (place of bus	iness)		f interest oplicable) Intermedia
ily of McAllen		McAllen, TX United States			X
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					<b></b>
•					<u> </u>
Check only if there is NO inter	rested Party.		7	• .	
UNSWORN DECLARATION My name isRSds 1.6	Rodinanez	, and my date o	if birih i	<u>• 0(~ 0(~</u>	1969.
My address is 403 Ex		Pharin 7	1	76577 (zip code)	(Kod-la)
I declare under penalty of perior Executed in $H h h h h h$	11	County, State of TEXas, on the	23	day of FSS.	20 10
	(	Bogoly Romis		(month)	(year)
		Signature of authorized agent of co (Declarant)	ntrayh		
rms provided by Texas Ethics	Commission w	ww.ethics.state.tx.us	V	Vers	ion V1.0,55

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FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested	ed parties.		OFFICE USE	
Complete Nos. 1, 2, 3, 5, and 6 if there are no in		Certificate Number:		
of business.	city, state and country of the business entity's place		318154	
T&W Tire		Date Fi	iled:	
Pharr, TX United States	y that is a party to the contract for which the form is	- 02/23/		
<ol> <li>Name of governmental entity or state agency being filed.</li> </ol>	y that is a party to the contract for Million the form is			
City of McAllen		Date A 04/18/	cknowledged: 2018	
a Provide the identification number used by th	he governmental entity or state agency to track or identif	y the con	ntract, and prov	/ide a
3 Provide the identification number used by in description of the services, goods, or other i	property to be provided under the contract.			
03-18-SP07-49				
Tires				
			Nature of	
4 Name of Interested Party	City, State, Country (place of busin		(check ap	
			Controlling	Intermediary
City of McAllen	McAllen, TX United States			х
				<u> </u>
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is	, and my date o	f birlh is _		
My address is	(city) (	state)	(zlp code)	(country)
I declare under penalty of perjury that the foreg				
Executed in	County, State of, on the	•da	iy of (month)	, 20 (year)
			fulorint)	(Joan)
	Signature of authorized agent of co	ntracting	business entity	
	(Declarant)			ation V/4 O FEG
Forms provided by Texas Ethics Commission	www.ethics.state.tx.us		Ver	sion V1,0.552

	CERTIFICATE OF INTERESTED PAR	TIES		FORM <b>1295</b>
				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.	<u>, , , , , , , , , , , , , , , , , , , </u>		USE ONLY TION OF FILING
1.	Name of business entity filing form, and the city, state and count of business. GCR Tires & Service	ry of the business entity's place	Certificate Nun 2018-342059	nber:
2	Weslaco, TX United States Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 04/19/2018	
	being filed. City of Mcallen		Date Acknowle	dged:
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 03-18-SP07-49 purchase tires, tubes and service	y or state agency to track or ident ed under the contract.	ify the contract, an	d provide a
1	Name of Interested Party	City, State, Country (place of bus		ure of interest ack applicable)
			Controll	ng Intermediary
•				······································
		*****		
		·····		
	· · · · · · · · · · · · · · · · · · ·			
	Check only if there is NO Interested Party,			
	JNSWORN DECLARATION		· · · · · · · · · · · · · · · · · · ·	و
ſ	Mynamels Greg Dozier	, and my date o	blith is $\frac{6/3}{3}$	56
1	Ny name is <u>Gres Dozier</u> Ny address is <u>2411 E-Sugarcawe</u> Rd (street)		Tp. 785	96. Hidalgs
	(street)	(city) (s	itate) (zip code	) (country)
١	declare under penalty of perjury that the foregoing is true and correct.			
1	Executed inCounty,	State of, on the	day of	, 20 .
	/	M Ju	(mc	nlh) (year)
		Signature of authorized agent of cor	tracting business er	atity
	·	(Declarant)		-

	CERTIFICATE OF INTERESTED F	PART	IES		FOR	м <b>1295</b>	
						1011	
ſ	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	es,		C	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Manu of Business shary ming formi and the shyll state and sectory of the			ace Co 20	ertificate Number: )18-342059		
	GCR Tires & Service Weslaco, TX United States				ate Filed:		
2	Name of governmental entity or state agency that is a par being filed.	ty to the	contract for which the form	nis <sup>04</sup>	/19/2018		
	City of Mcallen				ite Acknowledged: /19/2018		
3	Provide the identification number used by the governmen description of the services, goods, or other property to be 03-18-SP07-49 purchase lires, tubes and service	tal entity : provide	v or state agency to track of ad under the contract.	ridentify the	e contract, and pro	vide a	
					1	f interest	
4	Name of Interested Party		City, State, Country (place	of business		oplicable)	
-				<u> </u>	Controlling	Intermediary	
		<u></u>					
			ан - Санан - С				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my	date of birth	is	,	
	My address is		,(city)	(slate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and	l correct.					
	Executed in		State of	on the	_day of	20	
					(month)	(year)	
	_		Signature of authorized age	nt of contract	ing business entity	,	
_		unu othi	(Declara	nt)	\/or	sion V1.0,552	
-C	rms provided by Texas Ethics Commission W	AAAA'GRHG	າງາວເຜເຕົ <sup>1</sup> ໄV103		v G1		

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CERTIFI	CATE OF INTEREST	ED PAF	(HES)		FO	RM <b>1295</b>
						1 of 1
Complete Nos. : Complete Nos. :	L - 4 and 6 if there are interested parti L, 2, 3, 5, and 6 if there are no interest	es. ted parties,		с	OFFICE US	
of business.	of business.					و و م
	X United States	a satu ia i	e		te Filed: /18/2018	
2 Name of govern being filed. City of McAller	imental entity or state agency that i	is a party to i	ne contract for which the for	u ia	te Acknowledged	• • • •
description of t 03-18-SP07-49	ntification number used by the gove ne services, goods, or other proper ) t for the purchase of tires	ernmental en ty to be prov	tity or state agency to track o ided under the contract.	r identify the	contract, and pro	ovide a
ſ			1		Nature c	of interest
Į	Name of Interested Party		City, State, Country (place	of business)		pplicable)
					Controlling	Intermediar
Clint, Michael			San Antonio, TX United	States	×	
<u>,</u>						
					-	
	re is NO Interested Party.					
UNSWORN DECL						
My name is	DAVE CLEMMONS		and my	date of birth i	sXX/XX/XXXX_	P
My address is	_200 N 4TH AVE SOUTH (street)		,NASHVILLE, (city)	TN, (state)	(zip code)	USA (country)
l declare under pe	nally of perjury that the foregoing is tr	ue and correc	t.			
Executed in	DAVIDSON	County,	State ofTENNESSEE_	on the _19	day ofAPRIL (month)	, 2018 (year)
		<u>.</u>	Signature of authorized agen (Declaration	t of contractin	g business entity	
	Texas Ethics Commission		ics.state.tx.us			ion V1.0.552

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PARTIES		FOF	RM 12
	<b>F</b>		
es,	С		
d country of the business entity'			
w to the contract for which the f			
	Dat	-	:
tal entity or state agency to tracl provided under the contract.	c or identify the	contract, and pro	vide a
City State Country (nla	ce of husiness)		
ony one out y		Controlling	Intern
San Antonio, TX Unite	d States	x	
**************************************			
, and	my date of birth is	3	
(city)		(zip code)	, (couni
correct.			
County, State of	, on the		, 20
		(none)	()
Signature of authorized a	gent of contractin	g business entity	
	PS, I country of the business entity's y to the contract for which the form tal entity or state agency to frack provided under the contract. City, State, Country (play San Antonio, TX Uniter San Antonio, TX Uniter (city) correct. County, State of	es. CR country of the business entity's place 201 Date y to the contract for which the form is 204/ Pate City or state agency to track or identify the or provided under the contract. Country (place of business) San Antonio, TX United States 200 San Antonio, TX United States 200 (city) (place of business) (city) (place of business)	FOP ass. Contry of the business entity's place ass. Certificate Number: 2018-341539 Date Filed: 04/18/2018 Date Acknowledged: 04/19/2018 Tal entity or state agency to track or identify the contract, and pro provided under the contract. City, State, Country (place of business) Controlling San Antonio, TX United States X Controlling San Antonio, TX United States X Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) Controlling City, State, Country (place of business) County, State of, on theday of

CERTIFICATE OF INTERESTE	-D PARTIES			
			FOI	хм <b>1295</b>
				1 of 1
Complete Nos, 1 - 4 and 6 if there are interested partlet Complete Nos, 1, 2, 3, 5, and 6 if there are no intereste	s parties.	CF	OFFICE US	
<ol> <li>Name of business onlity filing form, and the city, sta of business.</li> <li>The Goodyear Tire &amp; Rubber Company</li> </ol>	-	Cert	ificate Number: 8-327577	
Akron, OH United States			Filed: .9/2018	
2 Name of governmental entity or state agency that is baing filed, City of McAllen	s a party to the contract for which the form is:	<b>_</b>	Acknowledged	:
3 Provide the identification number used by the gover description of the services, goods, or other property 02-18-533-60	to be provided under the contract.	y the c	ontract, and pro	vide a
Tire Repair Service Contract	, Š			
Name of Interested Party	City, State, Country (place of busi	ness)	(check a	f interest oplicable)
		<u></u>	Controlling	Intermediary
The Goodyear Tire & Rubber Company	Akron, OH United States		X	· · · · · · · · · · · · · · · · · · ·
BlackRock, Inc.	New York, NY United States			x ·
The Vanguard Group	Malvern, PA United States			x
······································				
	L			
		l		
Check only if there is NO Interested Party.				
UNSWORN DECLARATION				• •
My name is Brent B. Strandberg	and my date of	birth is	certi Jectiv	<u>:/</u>
My address is 200 Innovation Way, Akron	n, OH 44316-0001			
(straat)	(city) (si	alo}	(zlp code)	(country)
I declare under penalty of perjury that the foregoing is tru	e and correct.	•		
Executed In	County, State of OHIO , on the	20 d	ay or MART	2015
	1. 2 Sch	_₽_'	(month)	(year)
	Signature of authorized agent of con	iracting	businoss entity	
orms provided by Texas Ethics Commission	(Declarent) www.ethics.state.tx.us	~		ion V1.0.5523
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### FORM 1295

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested partles. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CF	CERTIFICATION OF FILING			
<ol> <li>Name of business entity filing form, and the city, state and cou of business.</li> </ol>	intry of the business entity's place		rtificate Number: 18-327577			
The Goodyear Tire & Rubber Company						
Akron, OH United States			e Filed:			
<ol><li>Name of governmental entity or state agency that is a party to the being filed.</li></ol>	the contract for which the form is	03/3	19/2018			
City of McAllen			e Acknowledged:	1		
		04/1	19/2018			
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	titly or state agency to track or ide vided under the contract.	entify the c	contract, and pro	vide a		
02-18-533-60 The Density Constrant						
Tire Repair Service Contract						
· · · · · · · · · · · · · · · · · · ·				f interest		
4 Name of Interested Party	City, State, Country (place of b	iusiness)		oplicable)		
······			Controlling	Intermediary		
The Goodyear Tire & Rubber Company	Akron, OH United States		×			
BlackRock, Inc.	New York, NY United States	;		х		
The Vanguard Group	Malvern, PA United States			Х		
······						
			1			
			<u> </u>			
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is	, and my dat	e of birth is	\$	<u> </u>		
My address is		·	(zip code)	·		
(street)	(city)	(slate)	(Zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and corre	ict.					
Executed inCoun	ity, State of, on	the(	day of	20		
			(month)	(year)		
	Signature of authorized agent of	contractin	g business entity			
	(Declarant)					

X inputedged 1295 4/23/18 BS

CERTIFICATE OF INTERESTED	<b>D PARTIES</b>		FOI	тм <b>1295</b>
				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 p	panties,	1	OFFICE US	E ONLY NOF FILING
<ol> <li>Name of business entity filing form, and the city, state of business.</li> </ol>	e and country of the business entity's place		icate Number: ·342356	
Toter, LLC Statesville, NC United States		Date F		
being filed.			/2018 Acknowledged	:
3 Provide the identification number used by the governme description of the services, goods, or other property to Project No. 04-18-P20-01 Purchase of Refuse and Recycling Bins		ly the cor	ntract, and pro	vide a
4 Name of Interested Party	City, State, Country (place of busi	ness)	(check aj	f interest oplicable)
			Controlling	Intermediary
Wastequip, LLC	Charlotte, NC United States		X	·
	· · · · · · · · · · · · · · · · · · ·			
5 Check only if there is NO Interested Party.				
UNSWORN DECLARATION				
My name is Laura P. Hubbard	, and my date of	birth Is	4/13/7	<u>~</u> .
My address is 841 Meacham Road	Statesville	<u>NC ,</u>	28677	USA_
(street)	(city) (st	ale)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true a	ind correct.			
Executed in IREDELL	County, State of <u>North Carolin</u> a on the	20thay		_, 20 <u>18</u> _,
	Late H		(month)	(yoar)
(	Signature of authorized agent of cont (Declarant) Lat	racting bu ura P.	isiness entity Hubbard	
orms provided by Texas Ethics Commission		ector of nicipal S		ion V1.0.5523

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CERTIFICATE OF INTERESTED F	PARTIES		FOR	1295	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	ań		OFFICE US		
1 Name of business entity filing form, and the city, state and	olace Cert	CERTIFICATION OF FILING Certificate Number: 2018-342356			
of business. Toter, LLC	er, LLC				
	overnmental entity or state agency that is a party to the contract for which the form is				
being filed. City of McAllen, TX			Date Acknowledged: 04/23/2018		
3 Provide the identification number used by the government description of the services, goods, or other property to be Project No. 04-18-P20-01 Purchase of Refuse and Recycling Bins	tal entity or state agency to track c provided under the contract.	r identify the c	ontract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place	City, State, Country (place of business)			
Wastequip, LLC	Charlotte, NC United St	ates	Controlling X	Intermediary	
		-		<b>0</b>	
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION	anna an an taona an taona an taona an taona an taona an taona an taona an taona an taona an taona an taona an t				
My name is	y date of birth is		,		
My address is(street)	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and	correct,				
Executed in	County, State of	, on thec	lay of(inonth)	, 20 (year)	
	Signature of authorized age (Declari	Signature of authorized agent of contracting business entity (Declarant)			
Forms provided by Texas Ethics Commission ww	ww.ethics.state.tx.us		Vers	sion V1.0.5523	

CERTIFICATE OF INTERESTED PAR	RTIES		FOF	км 1295	
		v		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	E ONLY I OF FILING	
<ol> <li>Name of business entity filing form, and the city, state and coun of business.</li> <li>Earle Kinlaw and Associates, Inc. dba EKA Grayson, GA United States</li> </ol>	me of business entity filing form, and the city, state and country of the business entity's place business. rie Kiniaw and Associates, Inc. dba EKA		Certificate Number: 2018-343643 Date Filed:		
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		04/24/2018 Date Acknowledged:			
Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid 02-18-P16-01 HYDRO EXCAVATION TRAILER	illy or state agency to track or identify ded under the contract.	the cor	ntract, and pro	vide a	
	1		Nature o	f inter <del>e</del> st	
Name of Interested Party	City, State, Country (place of busine	ess)		plicable)	
-	<b>_</b>	·	Controlling	Intermediary	
Check only if there is NO Interested Party.			· •·.		
Myname is Cindy Kister	, and my date of bi		-		
My address is 1429 Lakeview Rd (street)	<u>, Grayson CrA</u>		(zip code)	rwinnetf (country)	
I declare under penalty of perjury that the foregoing is true and correct.	A	١	A I		
Executed in <u>Gwinnett-</u> County,	, State of CrA on the	<u>1_</u> day	of <u>Gipri</u> (month)	_, 20 <u>18</u> , (year)	
	Signature of autindrized agent of contra	ncting bu	isiness entity		
	(Declarant)		-		
rms provided by Texas Ethics Commission www.ethi	ics.state.tx.us		Vers	ion V1.0,5523	

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ſ	Complete Nos, 1 - 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	<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business.</li> <li>Earle Kinlaw and Associates, Inc. dba EKA Grayson, GA United States</li> </ol>				Certificate Number: 2018-343643 Date Filed:			
2	Name of governmental entity or state agency that is a party being filed. City of McAllen	04/24/2018 Date Acknowledged: 04/26/2018						
3	Provide the identification number used by the government description of the services, goods, or other property to be 02-18-P16-01 HYDRO EXCAVATION TRAILER	al entity or state agency to trad provided under the contract,	ck or identify	the contra	ict, and pro	vide a		
4			ere of husho		Nature of interest (check applicable)			
	Name of Interested Party	City, State, Country (place of busin			(check ap	plicable) Intermediary		
			······					
	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·						
	······································							
5	Check only if there is NO Interested Party.				I			
6	UNSWORN DECLARATION							
	My name is	, and my date of birth is						
	My address is (street)	(city)	(sial	le) (7	zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and c	orrect.						
	Executed inC	county, State of	, on the	day of	(monih)	, 20 (year)		
		Signature of authorized agent of contracting business entity (Declarent)						
-01	ms provided by Texas Ethics Commission ww	w,ethics.state.tx.us			Vers	ion V1.0.5523		