CERTIFICATE OF INTE ESTED PAI	RTIES		FOR	1295
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	The second secon	CEF	OFFICE US	E ONLY
Name of business entity filing form, and the city, state and country of business.	untry of the business entity's place		ficate Number: -117162	
Terracon Consultants, Inc. Pharr, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is	1	Filed: 7/2016	
being filed. City of McAllen	the contract for which the form is	O9/27/2016 Date Acknowledged:		
Provide the identification number used by the governmental edescription of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services, goods, or other property to be proposed of the services. Services of the s	vided under the contract.	y the co		vide a f interest
Name of Interested Party	City, State, Country (place of busine			oplicable)
aboury, David	Olathe, KS United States		Controlling X	Intermediar
bb, Harold	Houston, TX United States		Х	
vert, Michael	Olathe, KS United States		Х	
vlicek, Robert	Raleigh, NC United States		X	
		-		
Check only if there is NO Interested Party.				

Sworn to and subscribed before me, by the said <u>OVGE A. Floves, F.t.</u>, this the <u>30Th</u> day of <u>September</u>, 20_______, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Rrinted name of officer administering oath

orporate Service Dapre Title of officer administering oath

791 . ij

FORM 1295

				1 of 1	
-	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties,		OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2016-117162	· · · · · · · · · · · · · · · · · · ·	
	Terracon Consultants, Inc.		2010-111102		
	Pharr, TX United States		Date Filed:		
2			09/27/2016		
	City of McAllen Date 01/4			:	
3	3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.			vide a	
	09-16-S64-284				
	Construction Materials Testing (CMT) and Geotechnical Serv	rices			
4			1	of interest	
	Name of Interested Party	City, State, Country (place of busin		pplicable)	
			Controlling	Intermediary	
Ga	aboury, David	Olathe, KS United States	X		
Cc	obb, Harold	Houston, TX United States	X		
Сс	overt, Michael	Olathe, KS United States	X		
Pa	avlicek, Robert	Raleigh, NC United States	X		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.	
		Signature of authorized agent of cont	tracting business antity		
		Signature of authorized agent of com-	tracting business entry		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of	,	
	20, to certify which, witness my hand and seal of office.			:	
		·			
			The state of the s		
	Signature of officer administering oath Printed name of o	officer administering oath T	Title of officer administer	ing oath	

FORM **1295**

		***************************************			1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place		ificate Number: 7-149704	
	Melden & Hunt, Inc. Edinburg, TX United States		Date	Filed:	
2	being filed,			3/2017	
	City of McAllen, Texas	en, Texas Date Acknowledged:			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 08-16-S59-337-SOQ Surveying Services 2016	lity or state agency to track or identificed under the contract.	y the c		
4	Name of Interested Party	City, State, Country (place of busin	iess)	1	f interest oplicable)
				Controlling	Intermediary
					·
5	Check only if there is NO Interested Party.		I	_	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CELESTINE STEWART Notary ID 5994748 Ly Commission Expires August 26, 2017 AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	tracting	business entity	
	Sworn to and subscribed before me, by the said Fred 20 17 , to certify which, witness my hand and seal of office.	. Kurth this the .	34	day of 1	an.
	Signature of officer administering oath Printed name of c	tine Stewart 70	itle of o	fficer administerir	ng oath

FORM **1295**

			TOLE		
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	_	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Number: 2017-149704		
	Melden & Hunt, Inc.		İ		
	Edinburg, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	01/03/2017			
	City of McAllen, Texas	Date Acknowledged: 01/03/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		the contract, and provide a		
	08-16-S59-337-SOQ				
	Surveying Services 2016				
4	Name of Interested Party	City State Country Inland of busine	Nature of interest		
	Name of interested Party	City, State, Country (place of busine	ess) (check applicable) Controlling Intermediary		
			Condoming Intermediaty		
•					
5	Check only if there is NO Interested Party.				
	<u> </u>				
6	AFFIDAVIT I swear, or a	ffirm, under penalty of perjury, that the	above disclosure is true and correct.		
		Signature of authorized agent of conti	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	, day of,		
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	fficer administering oath Ti	tle of officer administering oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-151534 Halff Associates, Inc. McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/06/2017 being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 08-16-S59-337 SOQ Surveying Services 2016 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. igent of contracting business entity AFFIX NOTARY STAM Sworn to and subscribed before me, by the said Roul Chief , to certify which, witness my hand and seal of office. Title of officer admini Printed name of officer authinistering oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1.	The state of the s	Certificate Number:
İ	of business.	2017-151534
	Halff Associates, Inc.	
	McAllen, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	01/06/2017
	City of McAllen	Date Acknowledged:

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

PROJECT NO. 08-16-S59-337 SOQ Surveying Services 2016

4	Name of interested Party	City, State, Country (place of business)		of interest pplicable)
			Controlling	Intermediary
Garcia, Raul		McAllen, TX United States	×	
Tanksley, Dan		Richardson, TX United States	X	
Skipwith, Walter		Richardson, TX United States	×	
Murray, Menton		McAllen, TX United States	х	
Plugge, Roman		Richardson, TX United States	х	
Molloy, Martin		Richardson , TX United States	Х	
Moya, Mike		Austin, TX United States	×	
Kunz, Pat		Richardson, TX United States	х	
Kuhn, Greg		Richardson, TX United States	х	
Killen, Russell		Fort Worth, TX United States	х	
Ickert, Andrew		Fort Worth, TX United States	×	
Jackson, Todd		Austin, TX United States	X	
Craig, Matthew		Richardson, TX United States	х	
Adams, Bobby		Conroe, TX United States	X	
			·	
				· · · · · · · · · · · · · · · · · · ·
				
				

(EBRING)

CERTIFICATE OF INTERESTED PARTIES

1/9/16 Page FORM 1295

		7 ZZZ Proston	7-6		2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: 7-151534	-
	Halff Associates, Inc. McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/0	6/2017	
	City of McAllen		01/0	Acknowledged: 6/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 08-16-S59-337 SOQ Surveying Services 201.6	ity or state agency to track or identify ded under the contract.	the co		i
4	Name of Interested Party	City, State, Country (place of busin	ess)		f interest oplicable)
				Controlling	Intermediary
		•			
					:
,					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct,
		Signature of authorized agent of conf	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	fficer administeri	ng oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc.	Certificate Number: 2017-151534
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 01/06/2017
	City of McAllen	Date Acknowledged: 01/06/2017

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

PROJECT NO. 08-16-S59-337 SOQ Surveying Services 2016

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Garcia, Raul	McAllen, TX United States	×		
Tanksley, Dan	Richardson, TX United States	Х		
Skipwith, Walter	Richardson, TX United States	х	:	
Murray, Menton	McAllen, TX United States	Х		
Plugge, Roman	Richardson, TX United States	Х		
Molloy, Martin	Richardson , TX United States	Х		
Moya, Mike	Austin, TX United States	×	-	
Kunz, Pat	Richardson, TX United States	Х		
Kuhn, Greg	Richardson, TX United States	Х		
Killen, Russell	Fort Worth, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	х		
Jackson, Todd	Austin, TX United States	х		
Craig, Matthew	Richardson, TX United States	х		
Adams, Bobby	Conroe, TX United States	х		

FORM **1295**

ᆫ				1 of 1.	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE CERTIFICATION		
1	of housings.		Certificate Number: 2016-139573		
	Lawn Care Experts	2010-1999/9			
	Edinburg, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	11/22/2016		
	being filed.				
	City Of McAllen	Date Acknowledged:			
_					
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to the services.	ity or state agency to frack or identify ded under the contract.	the contract, and prov	ide a	
	11-16-s10-78 Ground maintenance and services				
	Ground maintenance and services				
4			Nature of	interest	
7	Name of Interested Party	City, State, Country (place of busine	ess) (check ap	plicable)	
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	bove disclosure is true a	and correct.	
	YADIRA ESPINOZA YADIRA ESPINOZA Signature of authorized agent of contracting business entity Notary Public, State of Texos Signature of authorized agent of contracting business entity Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA ADIRA ESPINOZA Signature of authorized agent of contracting business entity ADIRA ESPINOZA ADIRA ESPINOZA Signature of au				
-	Signature of officer administering oath Frinted name of offi	TPINOZLU Vificer administering oath Title	of officer administering	oath	

FORM 1295

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2016-139573		
	Lawn Care Experts		2010 100070	
	Edinburg, TX United States		Date Filed:	
2		11/22/2016		
	City Of McAllen	Date Acknowledged: 01/10/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ly or state agency to track or identify led under the contract.	the contract, and pro	vide a
	11-16-s10-78			
	Ground maintenance and services			
4			Nature o	f interest
•	Name of Interested Party	City, State, Country (place of busine	ess) (check a	oplicable)
			Controlling	Intermediary
_				
	,			
5	Check only if there is NO Interested Party.			
;	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the a	bove disclosure is true	and correct.
		Signature of authorized agent of contra	acting business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said	, this the	day of	
	20, to certify which, witness my hand and seal of office.			
	Signature of officer administering oath Printed name of offi	ficer administering oath Title	e of officer administerin	g oath

FORM 1295

L					T 01 T
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. 		Certificate Number:		
	Maldonado Nursery and Landscaping, Inc.	•	2016	5-138761	
	San Antonio, 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	1.1/18	8/2016	
	being filed. City of McAllen		Date	Acknowledged:	
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-16-s10-78			vide a		
	Service Contract for Grounds Maintenance				
4	Nouse of Interested Posts	City Ptata Carretor (place of hypina		Nature of	
	Name of Interested Party	City, State, Country (place of busine	:55)	(check ap Controlling	Intermediary
M	aldonado, Oscar	San Antonio, TX United States		Х	пистисииту
M	aldonado, Jerry	San Antonio, TX United States		X	
Ma	aldonado, Roy	San Antonio, TX United States		Х	
			1		
5	Check only if there is NO Interested Party.			<u></u>	
6	DONNA KOWALIK DONNA KOWALIK Notary Public, State of Texas Notary Public, State of Texas Notary ID 12446887-9 Notary ID 12446887-9 Signature of authorized agent of contracting business entity			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE Sworf to and subscribed before me, by the said			✓,	
	Signature of officer administering oath Printed name of officer	tank (a)	a of of	ut do	ccust g oath

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 interested	arties.		\	OFFICE US			
1	Name of business entity filing form, and the city, state and country of the business entity's place				CERTIFICATION OF FILING Certificate Number:			
	of business.			201	6-138761			
	Maldonado Nursery and Landscaping, Inc.			Doto	Date Filed:			
_	San Antonio, TX United States		to a contract for subject the forms in		.8/2016			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			2,2,1	.0,2020			
	City of McAllen			Date Acknowledged: 01/10/2017				
3	Provide the identification number used by the go description of the services, goods, or other prop			ify the c	ontract, and pro	vide a		
	11-16-s10-78							
	Service Contract for Grounds Maintenance							
4					Nature o	f interest		
4	Name of Interested Party		City, State, Country (place of bus	iness)	<u> </u>	applicable)		
					Controlling	Intermediary		
M	aldonado, Oscar		San Antonio, TX United States		Х			
Maldonado, Jerry			San Antonio, TX United States		Х			
Ma	aldonado, Roy		San Antonio, TX United States		Х			
-								
5	Check only if there is NO Interested Party.							
5	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that th	e above	disclosure is true	and correct.		
			Signature of authorized agent of co	ntractino	ı business entitv			
	APPLY MOTARY CTAMP I CEAL ABOVE		· ·					
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and s		, this the		day of			
	Signature of officer administering oath	Printed name of	officer administering oath	Title of a	officer administerir	ng gath		
	-grade of emor definitioning odd					J		

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	CERTIFICATE OF INTERESTED PART	TIES .		FOR	м 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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and countrof business.	ry of the business entity's place		ificate Number: 3-138231	
	Rodz Lawn Care and Landscaping			s: .	
Ļ	McAllen, TX United States	11.6.46.	1	Filed: 7/2016	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	3 7.7.7	772010	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		fy the c	ontract, and pro	vide a
	11-16-S10-78				
	Service Contract for Grounds Maintenance				
4				Nature o	f interest
ľ	Name of Interested Party	City, State, Country (place of bus	ness)	(check ap	pplicable)
L				Controlling	Intermediary
L					
5	Check only if there is NO Interested Party.	,	·····		
6	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury that th	e above	disclosure is true	and correct.
	RAQUEL REYNOSO MY COMMISSION EXPIRES March 23, 2018	Signature of authorized agent of col	traction	business onting	
	APPLY NOTABLY CTANAD I CEAL ADOVE	Signature of augiorized agent of con	macmy	DUSINESS ENGLY	
	AFFIX NOTARY STAMP / SEAL ABOVE	6	2 4	1	
	Sworn to and subscribed before me, by the said <u>Guadaline</u> 20, to certify which, witness my hand and seal of office.	this the) [day of	- CV
_	Frakton Paquel	Reynosu N	Apri	Ablic	
_			<u></u>	fficer administerin	g oath

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FORM **1295**

L	·				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-138231			
	Rodz Lawn Care and Landscaping			ZOZO ZOOZOZ			
	McAllen, TX United States		Date	Filed:			
2		the contract for which the form is	11/1	7/2016			
	being filed.		1				
	City of McAllen			Acknowledged: 0/2017			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be pro-		y the co	ontract, and pro	vide a		
	11-16-S10-78						
	Service Contract for Grounds Maintenance						
4	Marine of the house stand Possible	Oite Otate Occupants (also a 4 female			f interest		
	Name of Interested Party	City, State, Country (place of busir	iessj		oplicable)		
			-	Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of conf	tracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	1		
	20, to certify which, witness my hand and seal of office.				·		
				7			
	Signature of officer administering oath Printed name of	f officer administering oath Ti	ue of of	fficer administerin	ng oath		

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CERTIFICATE OF INTERESTED PARTIES

				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEF	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. LRGVDC-Area Ag4ncy on Aging	2017	Certificate Number: 2017-149701			
	Weslaco, TX United States	•	Filed: 3/2017			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	01/0	3/201/			
	LRGVDC-Area Agency on Aging	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract. B-16-MC-48-0506	y the c	ontract, and pro	vide a		
	Our Agency assists low income City of McAllen Residents with purchasing medications and hea	uring ai	ds.			
_			Nature o	f interest		
4	Name of Interested Party City, State, Country (place of busi	ness)	(check a	oplicable)		
			Controlling	Intermediary		
H						
-		* **	200300			
	CITY		EIVED McALL	2000 R. W		
_		AN O				
_			0.0.14			
	Purchasi	ng (<u>k Contr</u>	acting		
5	Check only if there is NO Interested Party.			and the second of the second o		
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	e above	e disclosure is tru	e and correct.		
	PRISCILLA DELGADO Notary Public, State of Texas My Commission Expires December 31, 2017 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	312	$\frac{4}{2}$ day of $\sqrt{3}$	anuary		
	Priscilla Polyado Noscilla Delgado Nosci	Stu Title of	M Publi officer administer	Cing oath		

FORM **1295**

	the state of the 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	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2017-149701				
	LRGVDC-Area Ag4ncy on Aging Weslaco, TX United States	Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		3/2017		
	being filed.					
	LRGVDC-Area Agency on Aging			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	B-16-MC-48-0506 Our Agency assists low income City of McAllen Residents wit	h purchasing medications and heari	ing aid	ds.		
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)		plicable)	
				Controlling	Intermediary	
		·				
_						
					<u> </u>	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	bueinoce ontitu		
		Signature of authorized agent of conti	acting	Dualifeaa eritity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	1	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of c	officer administering oath Til	tle of a	fficer administeri	ng oath	

Ack 1-4-178

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI		FICE USI	E ONLY I OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-149379		
	Valbridge Property Advisors / The Gerald A Teel Co. Houston, TX United States		Date	Filed	i:	
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	12/29	9/201	.6	
	The City of McAllen		Date	Ackn	owledged:	:
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	entity or state agency to track or identify ovided under the contract.	the co	ontra	ct, and pro	vide a
	07-16-S57-13 SOQ Property Appraisal					
4	Name of Interested Party	City, State, Country (place of busine	ess)			of interest
				Co	ntrolling	Intermediary
					:	
				:		
			EC		VED	
		CITY	ĴF	M	GALL	
			AN			
		Purchasi	ng	8	Cont	racting
5	Check only if there is NO Interested Party.	Ву		<u>K</u>		enter frequency of the contract complete
6	AFFIDAVIT # I swear,	, or affirm, under penalty of perjury, that the	above	disclo	osure is true	e and correct.
	MICHELLE VAZQUEZ Notary Public, State of Texas My Commission Expires August 15, 2017 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	E Lantz, this the	29	d	lay of De	ecember
C	Miche Signature of officer administering oath Printed name of		P(A) tle of o		1 Coord administeri	d. Mgr ing oath

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: -149379		
	Valbridge Property Advisors / The Gerald A Teel Co.		マハエハ、エルコウ1.2			
	Houston, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	12/2	9/2016		
	The City of McAllen			Acknowledged: 1/2017		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	07-16-S57-13 SOQ					
	Property Appraisal					
4				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	•	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.				·	
6	AFFIDAVIT swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of conti	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		dav of	.	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	fficer administeri	ng oath	

FORM 1295

_					- MAT - STOP SE
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and cou of business.		ficate Number: 6-149544		
	Sendero Appraisals, LP				
2	Katy, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is		Filed: 1/2016	
_	being filed.	the contract for which the form is	100000000000000000000000000000000000000		
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov	ntity or state agency to track or identify	the c	ontract, and pro	vide a
	07-16-S57-13	idea under the contract,			
	Real Estate Appraisal Services				
2		1		Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
_				Controlling	Intermediary
				1	
		*			
_					
		3			
	×				
	and the first line				
5	Check only if there is no interested Party.	To the second se			
6	AEEIDAVIT			P. 1	
	JAN 09 2017	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	- a Contracting				rav
	Purchasing & Contracting	m chall			
	By:	Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMPY SEAL ABOVE				
	Polis	ANGEL, this the	2/8	7)
	Sworn to and subscribed before me, by the said 20 certify which, witness my hand and seal of office.	, this the	110	day of $V \nearrow$	ee_
	The state of the s				
	112				
_	The Mich	alle Vlaysa	1	SRIT	
,	Signature of officer administering oath Printed name of			officer administering	
or	rms provided by Texas Ethics Commission www.et	The second secon	NO CONTRACTOR	LE MARIE MA	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2016-149544			
	Sendero Appraisals, LP Katy, TX United States					
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date I 12/31	Fried: L/2016		
	being filed. City of McAllen		Date	Acknowledged:		
	ony or mornal			1/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and pro	vide a	
	07-16-S57-13 Real Estate Appraisal Services					
4	Name of Interested Party	City Ctata Country (place of bygins		Nature of		
	Name of Interested Party	City, State, Country (place of busine	³⁸⁸ ,	(check ap	Intermediary	
5	Check only if there is NO Interested Party.			J .		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above (disclosure is true	and correct.	
		Signature of authorized agent of contr	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	3		,		
	Swarn to and subscribed before we but he said	41x 3 41x xx		da., a6		
	Sworn to and subscribed before me, by the said	, this the		day or	,	
		ff and desired				
	Signature of officer administering oath Printed name of of	fficer administering oath Tit	ie of of	ficer administerir	ng oath	

Ack 1-10-1682

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

L					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. 			Certificate Number:		
	The Revenue Markets, Inc.		2017	7-151024		
	Accord, NY United States		Data	Filed:		
2	CE WESTEROOPEN AND ASSESSED TO SECURITION OF ANALYSIS OF A SECURITION OF A SEC	a a a material of a manufactural forms in	645-466-45-045-4	5/2017		
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	01/00	3/2011		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	Project No: 12-16-P10-01 Project No: 12-16-P10-01 International Toll Revenue Systems	s Upgrade				
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	W. A. C. W.			Controlling	Intermediary	
22						
			20. %			
					_	
			\exists		110111	
			\exists			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear or a	affirm, under penalty of perjury, that the a	ahove i	disclosura is trua	and correct	
		sining order periody or perjury, that the c	move (alsolosule is little	and confect.	
	MARCY NIGRO PARIS Notary Public, State of New York NYS Reg. # 01NI6025091 Qualified in Ulster County Commission Expires May 17, 20 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Henry K 20_17, to certify which, witness my hand and seal of office.	(roll, this the _5	<u>720</u>	day of <u>\</u>	nuany,	
Ļ	Mariguan Paris Marcy N Signature of officer administering oath Printed name of of	Igno Paris Officer administering oath Titl		Admini. fficer administerir		

FORM 1295

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place		tificate Number: 7-151024	
	The Revenue Markets, Inc.	,		<u> </u>	
	Accord, NY United States	,		Filed:	
2		ne contract for which the form is	01/0)5/2017	
	City of McAllen	,		e Acknowledged: 10/2017	;
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	Project No: 12-16-P10-01 Project No: 12-16-P10-01 International Toll Revenue Systems	ıs Upgrade	_		
4	Name of Interested Party	City, State, Country (place of busine	e1	1	of interest pplicable)
	Name of interested Farty	City, State, Country (place or cosing	ess, ,		
		 		Controlling	Intermediary
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			1		
			—		
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_					
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is trur	e and correct.
	<u></u>	Signature of authorized agent of contr	tractin/	a husiness entity	
		Signature of Linear S		, , , , , , , , , , , , , , , , , , , ,	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	1
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	tle of c	officer administeri	ng oath	

Ack 1-6-1787

CERTIFICATE OF INTERESTED PARTIES

 $^{A_{1}}\underline{z_{1}}\cdots \underline{z_{k}}^{-1}\underline{T_{k}}$

FORM 1295

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Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certification of Fi						
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-151437		
ı	CVQ Land Surveyors LLC			1	202401	
L	McAllen, TX United States			100 Cpsc	Filed:	
2	Name of governmental entity or state agency that is a party being filed.	to th	ne contract for which the form is	01/06	6/2017	
	City of McAllen, TX			Date	Acknowledged:	
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be p	al enti provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	08-16-S59-337					
	Land Surveying Services 2016-17					
4			<u> </u>		Nature o	f interest
*	Name of Interested Party		City, State, Country (place of busine	ess)		oplicable)
_					Controlling	Intermediary
Va	squez, Carlos		McAllen, TX United States		×	
			g.			
				1		
5	Check only if there is NO Interested Party.				(
6	AFFIDAVIT I swear	ar, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
				1		
}	CLAUDIA N YBARRA		1 112000	1		
1	Notary ID # 11903480 My Commission Expires		Signature of authorized agent of contr	racting	business entity	
1	March 23, 2020 APFIX NOTARY STAMP / SEAL ABOVE		•			
	2		11	1.6	8	
	Sworn to and subscribed before me, by the said		ASQUEZ, this the	5-	day of	musy
	Claudia M. Wana Clau	dia	N. Ybarra N	ofa	ary Publi	ie
	Signature of officer administering oath Printed name	e of c	officer administering oath Tit	le of o	fficer administerir	ng oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-151437 CVQ Land Surveyors LLC McAllen, TX United States Date Filed: 01/06/2017 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 01/06/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 08-16-S59-337 Land Surveying Services 2016-17 Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Vasquez, Carlos McAllen, TX United States 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______ _____, this the _____ day of _____ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Prev. ack 12-15-163/82/4-1

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2016-133344 Southmost Realty, Appraisals & Court Expert Witness Harlingen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 11/07/2016 being filed. Hidalgo County Purchasing Department Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Professional Appraisal Services and/or Appraisal Review Services Pool-Hidalgo County Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzales MBA, Adelaido Harlingen, TX United States X 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. CHRISTINE VALDEZ Notary Public, State of Texas My Commission Expires JUNE 24, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Adelaido G. Gonzales, this the 15th day of November , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-133344 Southmost Realty, Appraisals & Court Expert Witness Harlingen, TX United States Date Filed: 11/07/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Hidalgo County Purchasing Department 11/15/2016 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. 2016-005A Professional Appraisal Services and/or Appraisal Review Services Pool-Hidalgo County Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Gonzales MBA, Adelaido Harlingen, TX United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this the _____ day of ____ 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath

Signature of officer administering oath

Printed name of officer administering oath

Art 1-12-1787

CERTIFICATE OF INTERESTED	PARTIES		FOR	м 1295	
			FUR	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 USE		
Name of business entity filling form, and the city, state of business. Cutler Repaving, Inc.	and country of the business entity's place	Certi	ificate Number: 6-147449		
Lawrence, KS United States 2 Name of governmental entity or state agency that is a	party to the contract for which the form is		Filed: .8/2016		
being filed. City of McAllen	party to the contract for thines are termine	Date Acknowledged:			
Provide the identification number used by the governmescription of the services, goods, or other property to 12-16-C12-216 Single Machine Repaving	nental entity or state agency to track or identify be provided under the contract.	y the co	ontract, and prov	vide a	
4 Name of Interested Party	City, State, Country (place of busin	ness)	1	f interest	
Veskerna, Charles	Leawood, KS United States		X	Intermediary	
				-11.	

5 Check only if there is NO Interested Party.			<u> </u>		
6 AFFIDAVIT	swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
NOTARY PUBLIC - State of Kansas JUDITH K. COFFMAN My Appt. Exp. 2-13-17 Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE	A M	a TH	man.	_	
Sworn to and subscribed before me, by the said		<u> </u>	day of <u></u>	CEMBER.	
L. J. T. K. Ceppman	JUDITH K. COFFMAN	Not	TARY PUBLIC	د	
			officer administerir		

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF						
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-147449		
	Cutler Repaving, Inc.	\$ -1) And Color		
	Lawrence, KS United States			Filed:		
2		ne contract for which the form is	12/18	.8/2016	•	
	being filed.		Date	Acknowledged:		
	City of McAllen			.2/2017		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
ı	12-16-C12-216					
	Single Machine Repaving					
		T		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	iess)	(check ap		
i	Maille of Interested Larcy	Oity states sound , there are	650,	Controlling	Intermediary	
V€	eskerna, Charles	Leawood, KS United States		X	inco.m.c	
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	'		_	!		
_		***************************************	—			
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_						
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
ı						
ı						
		Signature of authorized agent of conf	tracting	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath T	itle of	officer administeri	ing oath	
		· ·			J	

ACK 1-12-1752

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

Ш					
	Complete 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
1	Name of business entity filing form, and the city, state and country of the business entity's place Certifica			rtificate Number:	
	Upper Valley Materials, LLC d/b/a CAPA		2016-147986		
2	Palmview, TX United States Name of governmental entity or state agency that is a party to the	a contract for which the form is	Date Filed: 12/20/2016		
_	being filed.	e contract for which the form is			
	City of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental enti-	ty or state agency to track or identify	the co	ontract, and prov	vide a
Ĭ	description of the services, goods, or other property to be provide	led under the contract.		, , , , , , , , , , , , , , , , , , , ,	
	12-16-SP12-57 Supply Contract for the Purchase & Delivery of Type D Hot Mi	iv Asphaltic Concrete (HMAC For S	ingla I	Machino Donas	ina 2017)
	- Supply Solition for the Faranass & School of Type S Flot M	ix Aspiratio Concrete (HiviAc For S	ingle i	•	
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap	
	,	City, Citte, Country (pieces of Second		Controlling	Intermediary
			_		
					
					
_	Observation in NO least and A I D				
Đ	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above -	disclosure is true	and correct.
	NANCY M. RODRIGUEZ	a consequence			
	SENotary Public, State of Texas			3000m	
	Comm. Expires 08-24-2020 Notary ID 11425683		7		ANAMASSI A
	1112003	Signature of authorized agent of contr	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	20	day of O	سر سین
	20, to certify which, witness my hand and seal of office.	Eller Cing and True True		uay or 	<u> </u>
		8 A A 8			
	- Nancy	M. Kodryver	N	otary	
	Signature of officer administering oath Printed name of o	fficer administering oath Tit	le of of	fficer administerir	ıg oath

FORM 1295

				T OI T		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION			
1	of business.	Certificate Number: 2016-147986				
	Upper Valley Materials, LLC d/b/a CAPA					
	Palmview, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	12/20/2016			
	City of McAllen		Date Acknowledged 01/12/2017	Date Acknowledged: 01/12/2017		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be provided.					
	12-16-SP12-57 Supply Contract for the Purchase & Delivery of Type D Hot M	Mix Asphaltic Concrete (HMAC For S	Single Machine Repa	wing 2017)		
			Nature o	of interest		
4	Name of Interested Party	City, State, Country (place of busine	į.	(check applicable)		
			Controlling	Intermediary		
5	Check only if there is NO Interested Party.	•				
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above disclosure is tru	e and correct,		
		Signature of authorized agent of contr	racting business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE	J				
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of	t		
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of officer administer	ing oath		
	Signature of onicer auministering datiff Printed flame of	OBSERVATION STATE OF THE STATE	ne oi onicei auriinistei	nig vani		

CITY OF MCALLEN grev ack 1230-163/52

CERTIFICATE OF INTERESTED PARTIES 05	2017		FOR	м 1295	
Durchasing &	Contractin	ıa		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.	V		OFFICE USE		
Name of business entity filing form, and the city, state and country of the business. Aranda and Associates, Inc McAllen, TX United States	ness entity's place	Certificate Number: 2016-149497			
Name of governmental entity or state agency that is a party to the contract for being filed. City of McAllen	which the form is	12/30/2016 Date Acknowledged:			
Provide the identification number used by the governmental entity or state agreescription of the services, goods, or other property to be provided under the 08-16-S59-337-SOQ Surveying Services	ency to track or identify contract.	dentify the contract, and provide a			
Name of Internated Parks			Nature of		
Name of interested Party City, State, (Lountry (place of busir	iess)		plicable) Intermediary	
Check only if there is NO Interested Party.					
AFFIDAVIT KARLA RUZ Notary ID # 130901568 My Commission Expires November 14, 2020 AFFIX NOTARY STAMP / SEAL ABOVE Sworm to and subscribed before me, by the said 20 V , to certify which, witness my hand and seal of office. Level Affix Notary Stamp / Seal Above Sworm to and subscribed before me, by the said 20 V , to certify which, witness my hand and seal of office.	authorized agent of con	tracting	business entity May of De	cember	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Name of business entity filing form, and the city, state and country of the business. Aranda and Associates, Inc McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for being filed. City of McAllen Provide the identification number used by the governmental entity or state agesciption of the services, goods, or other property to be provided under the 08-16-559-337-SOQ Surveying Services Name of Interested Party City, State, or affirm, under property to the contract for being filed. Check only if there is NO Interested Party. I swear, or affirm, under property to the provided under the organization of the services and the provided under the organization of the services. AFFIDAVIT I swear, or affirm, under property to the provided under the organization of the services. AFFIDAVIT I swear, or affirm, under property to the said organization of the services of the provided under the organization of the services. AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said organization of the services or the provided under the organization of the services. AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said organization of the services organization of the services or the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization of the services of the provided under the organization	Complete Nos. 1 - 4 and 6 if there are interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. Aranda and Associates, Inc. McAllen, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Provide the identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract. 08-16-S59-337-SOQ Surveying Services Name of Interested Party City, State, Country (place of busing Services) Name of Interested Party I swear, or affirm, under penalty of perjury, that the State of Services (Services) Norder of Action of the service of Services (Services) Name of Interested Party AFFIDAVIT AFFIDAVIT I swear, or affirm, under penalty of perjury, that the Signature of authorized agent of conditions of the service of Services (Services) AFFIDAVIT Complete Nos. 1 - 4 and 6 if there are interested parties. Certification of business entity filing form, and the city, state and country of the business entity's place of business. Certification of business entity filing form, and the city, state and country of the business entity's place of business. Cathoria of business entity filing form, and the city, state and country of the business entity's place of business. Cathoria of business entity filing form, and the city, state and country of the business entity's place of business. Cathoria of developmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen City of McAllen Check only if there is NO Interested Party. I swear, or affirm, under penalty of perjury, that the above signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting signature of authorized agent of contracting swear of certification, while the above swear to and subscribed before me, by the said so if the certification of the said subscribed before me, by the said so if the certification and subscribed before me, by the said so if the certification and subscribed before me, by the said so if the certification and subscribed before me, by the said so if the certification and subscribed before me, by the said so if the certification and subscribed before me, by the said so if the certification and seal of office.	Complete Nos. 1-4 and 6 if there are interested parties. Complete Nos. 1-4 and 6 if there are interested parties. Complete Nos. 1-2, 3, 8, and 6 if there are no interested parties. Complete Nos. 1, 2, 3, 8, and 6 if there are no interested parties. Complete Nos. 1, 2, 3, 8, and 6 if there are no interested parties. Description of the business entity tiling form, and the city, state and country of the business entity's place of business. Are and a socialetes, inc Markellen, TX. United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provides or identification or interested. Provide the services, goods, or other property to be provided under the contract. Surveying Services Name of Interested Party City, State, Country (place of business) Name of Interested Party I swear, or affirm, under penalty of perjury, that the above disclosure is true. Splanture of authorized agent of contracting business entity Splanture of authorized agent of contracting business entity. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true. Splanture of authorized agent of contracting business entity. AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true. Splanture of authorized agent of contracting business entity. AFFIDAVIT AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true. Splanture of authorized agent of contracting business entity. AFFIDAVIT AFFIDAVIT AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true. Splanture of authorized agent of contracting business entity. AFFIDAVIT A		

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-149497			
	Aranda and Associates, Inc			7 140407			
	McAllen, TX United States			Filed: 0/2016			
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	12/30/2010				
	City of McAllen		Date Acknowledged: 12/30/2016				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	lity or state agency to track or identify ided under the contract.					
	08-16-S59-337-SOQ Surveying Services						
_				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)		
				Controlling	Intermediary		
					:		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of contr	racting	husinosa ontitu			
		Signature of authorized agent of conti	acang	DUSINESS EMILY			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.						
	Clanature of officer administrating cath	officer administration soft	lo of	Higgs of the first of			
	Signature of officer administering oath Printed name of o	officer administering oath Tit	ie oi o	fficer administerir	iy oatri		

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FORM 1295

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country	of the business entity's place	Certif	ficate Number:		
	of business. Salinas Engineering & Associates		2017	-155102		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the obeing filed.	contract for which the form is	01/17/2017			
City of McAllen Date Acknowledged:						
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		the co	ontract, and prov	⁄ide a	
	08-16-559-337					
	Surveying Services					
4	Non-Alleranda (Barta	Olive Olive On the fall of the original of the	,	Nature of		
	Name of Interested Party	City, State, Country (place of busine	ss)	(cneck ap	eck applicable) ing Intermediary	
		RECEIVED CITY OF MeAL)			
		GITY OF MeAL	.FE			
		JAN 17 291	7			
		Purchasing & Con	trac	ting		
				okidomawa -		
5	Check only if there is NO Interested Party.				,	
6	AFFIDAVIT I swear, or affi	firm, under penalty of perjury, that the a	bove	disclosure is true	and correct.	
	MONICA GUERRA Notary Public, State of Texas My Commission Expires July 13, 2019	Signature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	SACINAS , this the /	72	day of A	May.	
1	Dovias GUDRA Monica	······································	***************************************	zary		
	Signature of officer administering oath Printed name of officer	icer administering oath Titl	le of o	fficer administerir	ng oath	

FORM **1295**

					10.1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-155102		
	Salinas Engineering & Associates		2017-1	2017-155102		
	McAllen, TX United States		Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	01/17/2017			
<i>~</i> -	being filed.	to contract for which the form to				
	City of McAllen		Date Acknowledged: 01/17/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.				
	08-16-559-337					
	Surveying Services					
4				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess) 📙	(check ap	plicable)	
				Controlling	Intermediary	
			-			
5	Check only if there is NO Interested Party.					
 3	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above di	isclosure is true	and correct,	
		Signature of authorized agent of cont	racting b	rusiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	7	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	ue of offi	icer administerir	ng oatn	

FORM 1295

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Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FIL						
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place	Certificate Number: 2016-131403			
	McAilen Food Pantry Inc		2010 101-00			
	P.O. Box 5413 McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	11/01/2016			
	being filed.					
	McAllen Food Pantry Inc		Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided		tify the contract, and provide a			
	B-16-MC-48-0506					
	Purchase raw foods					
4	Name of Interested Party	City, State, Country (place of busine		of interest applicable)		
	······································		Controlling			
		Sandari (1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
		· · · · · · · · · · · · · · · · · · ·		·		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or at	ffirm, under penalty of perjury, that the	above disclosure is t	rue and correct.		
	ROBIN RAMOS Notary Public, State of Texas My Commission Expires FEBRUARY 23, 2019	Josquis Cava Signature of authorized agent of contr		:		
	AFFIX NOTARY STAMP / SEAL ABOVE	٠.	d			
	Sworn to and subscribed before me, by the said	<u>AVUZ-US</u> , this the <u>3</u>	rU day of ∆	Jovambu		
	Signature of officer administering oath Printed name of of	Ramus Titicer administering oath Tit	NITW-X tle of officer administ	ering oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-131403 McAllen Food Pantry Inc P.O. Box 5413 McAllen, TX United States Date Filed: 11/01/2016 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Food Pantry Inc. 01/17/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-16-MC-48-0506 Purchase raw foods Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ___ ____, this the _____ day of ___ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

_				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number:			
	Children's Advocacy Center of Hidalgo County, Inc	2016	6-132042			
	Edinburg, TX United States		Filed:	:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	11/0	2/2016			
	City of McAllen Community Development Department	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identified description of the services, goods, or other property to be provided under the contract.	y the co	ontract, and pro	vide a		
	2016-2017 Services for abused and neglected children		·			
4			Nature of	f interest		
	Name of Interested Party City, State, Country (place of busi	ness)	(check ap			
			Controlling	Intermediary		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	RAQUEL GARZA My Commission Expires April 10, 2019 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>VICTUOA Medina</u> , this the, to certify which, witness my hand and seal of office.	nd	day of Mo	vember.		
	2011/11/ Suza Raquel Garza A	bla	ry Publ	ī <u>c</u>		
_	Signature of officer administering oath Printed name of officer administering oath	itle of o	fficer administerir	ng oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2016-132042 Children's Advocacy Center of Hidalgo County, Inc. Edinburg, TX United States Date Filed: 11/02/2016 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 Community Development Department 01/19/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Services for abused and neglected children Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct, Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____ ___, this the ___ ____ day of __ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

					1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested p	parties.		Ī.,	OFFICE USE		
Complete Nos. 1, 2, 3, 5, and 6 if there are no inte			_	RTIFICATION	OF FILING	
 Name of business entity filing form, and the cit of business. 	ly, state and coun	try of the business entity's place	Certificate Number: 2016-140359			
Behavioral Health Systems, Inc.				rijed.		
Birmingham, AL United States 2 Name of governmental entity or state agency t	hat is a narry to th	a continue for which the form is	1	Filed: 8/2016		
 Name of governmental entity or state agency t being filed. 	natisa party to to	te contract for which the form is				
			Date	Date Acknowledged:		
3 Provide the identification number used by the	governmental ent	ity or state agency to track or identify	the co	ontract, and pro	vide a	
description of the services, goods, or other pro	operty to be provide	ded under the contract.				
10-14-S06-44	Thind	The Administration for Alcohol on	1 5 412	· O-lination/Toc	than Camilaga	
"This supercedes certificate 2016-140341" C	:onsomum/inira	Party Administration for Alcohol and) Drug	Collection/Tes	ting Services	
4	Farmer				f interest	
Name of Interested Party	•	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
Gordon, Mark		Birmingham, AL United States		Х		
Patterson, William		Birmingham, AL United States		Х		
Stephens, Deborah		Birmingham, AL United States		Х		
		·				
					<u>, </u>	
	·					
<u> </u>						
Charle only if they is NO Interested Dorty		,				
5 Check only if there is NO Interested Party.						
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said _ 20, to certify which, witness my hand an	Mark did seal of office.	D , Gordon, this the α	194	$\frac{h}{h}$ day of $\frac{h}{h}$	ovember	
EUZASUS AMULCAN Signature of officer administering oath	Clizabs Printed name of	officer administering oath T	itle of (Secrete officer administeri	SUY ing oath	

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE ONLY CERTIFICATION OF FILI			
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certificate Number: 2016-140359				
	Behavioral Health Systems, Inc. Birmingham, AL United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is		8/2016			
	City of McAllen		01/14	Acknowledged: 4/2017			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 10-14-S06-44 "This supercedes certificate 2016-140341" Consortium/Third Party Administration for Alcohol and Drug Collection/Testing Services						
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	f interest		
Go	ordon, Mark	Birmingham, AL United States		Controlling X	Intermediary		
 Pa	utterson, William	Birmingham, AL United States		Х			
Ste	ephens, Deborah	Birmingham, AL United States		Х			
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.		
		Signature of authorized agent of contr	racting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	Signature of officer administering oath Printed name of o	officer administering oath Tie	tle of o	officer administeri	ng oath		

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	Name of business entity filing form, and the city, state and country of the business entity's place of business.	i i	ificate Number:	
	Hermes Trading Co., Inc. dba Hermes Music	2010	5-139862	
2	Pharr, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is	8	Filed: 3/2016	
	being filed. City of McAllen	Data	Acknowledged:	_
	City of MicAllett	Date	Acknowledged;	:
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and pro	vide a
	12-16-P06-42			
	Professional Stage Lighting for the McAllen Performing Arts Center			
4	Name of Interested Posits		1	f interest
	Name of Interested Party City, State, Country (place of busin	ess)	(check ap	pplicable) Intermediary
		-		
5	Check only if there is NO Interested Party.			
3	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the a	above (disclosure is true	and correct,
	ANAHI Y PEREZ My Commission Expires		la -	
	May 21, 2018 Signature of authorized agent of contr	acting I	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE		•	
		0	•	
	Sworn to and subscribed before me, by the said <u>Eduardo Zamorano</u> , this the <u>2</u> 20 <u>16</u> , to certify which, witness my hand and seal of office.	<u>) </u>	day of <u>\\ (</u>	<u> </u>
	(Was 18 D) Darlow Value		1 - 1	
-	Signature of officer administering dath Printed name of officer administering oath Title		to 1/2y 2	ibleS
	The second of th	2 OI OIJI	เออา สนาเทาเรเยทก์	y vaur

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2016-139862		
	Hermes Trading Co., Inc. dba Hermes Music Pharr, TX United States		1	Filed:		
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	11/23	3/2016		
	being filed.		Date	A oknowledned:		
	City of McAllen			Date Acknowledged: 01/25/2017		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	vide a	
	12-16-P06-42 Professional Stage Lighting for the McAllen Performing Arts C	Center				
4					f interest	
``	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
					:	
_						
		·				
5	Check only if there is NO Interested Party.		I			
6	AFFINAVIT	Constitution of particular that the	-1	Part in true		
-	i Sweat, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
				* * · · · · · · · · · · · · · · · · · ·		
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20 to certify which, witness my hand and seal of office.				,	
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of o	officer administeri	ng oath	

Ack 1295 1/24/17 RS

CERTIFICATE OF INTERESTED PARTIES

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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 interested					OFFICE USE	·
1	1 Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business. Prodigy Construction Management LLC				2017-	150288	
	McAllen, TX, TX United States				Date F	ilad:	
2		s a party to th	ne contract for which the fo	rm is	01/04/		
	being filed.	(
	Prodigy Construction Management, LLC				Date A	cknowledged:	
3	Provide the identification number used by the gove description of the services, goods, or other propert	ernmental ent ty to be provid	ity or state agency to track ded under the contract.	or identify	the con	ntract, and pro	∕ide a
	01-17-C13-365 Construction of McAllen Public Safety Building Pa	arking Garag	де				
_			1	1774 U.U.		Nature of	finterest
4	Name of Interested Party		City, State, Country (plac	e of busine	ss)	(check ap	plicable)
						Controlling	Intermediary
							:
					\top		
					+		
_							
					+		
 5	Check only if there is NO Interested Party.			,		<u> </u>	
	AFFIDAVIT						
, 1	AFFIDAVII	f swear, or a	affirm, under penalty of perjur	y, that the a	bove di	sclosure is true	and correct.
	JEANETTE SALINAS Notary Public, State of Texas Comm. Expires 10-20-2020 Notary ID 130870039	A CONTRACTOR CONTRACTOR	- lu	13	2	S. S. S. S. S. S. S. S. S. S. S. S. S. S	
1	- sather many is to a second		Signature of authorized ag	ent of contra	acting b	usiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	lex Pala l of office.	cios , th	is the 2	44	day of <u></u>	nuaria,
		mette Sal	linus 1	Tex up No	+604	Public	
	/ Signature of officer administering oath Prin	nted name of o	officer administering oath	Titl	e of offic	cer administerin	g 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 parties.		CE	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-150288		
	Prodigy Construction Management LLC McAllen, TX, 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	B	04/2017		
	being filed. Prodigy Construction Management,LLC			Date Acknowledged: 01/26/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided in the services.		the c	ontract, and pro	vide a	
	01-17-C13-365 Construction of McAllen Public Safety Building Parking Gard	rage				
,		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	pplicable)	
				Controlling	Intermediary	

_						
		†				
5	Check only if there is NO Interested Party.		3	<u> </u>		
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct,	
		Signature of authorized agent of contr		~ husinges antitu		
		Signature of authorized agent of confi	racunç	j business enuty		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	·	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name o	of officer administering oath Ti	tle of c	officer administeri	ng oath	

	CERTIFICATE OF INTERESTED PART	ΓΙES	FO	RM 1295
L				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	
1	Name of business entity filing form, and the city, state and countr of business. Cruz-Hogan Consultants, Inc. McAllen, TX United States	, ,	Certificate Number 2017-159072 Date Filed:	:
2			01/27/2017	
	being filed. McAllen Public Utility		Date Acknowledge	d:
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide 02-17-C17-342 Professional Civil Engineering Services	y or state agency to track or identify ed under the contract.	the contract, and pr	ovide a
4			1 .	of Interest
•	Name of Interested Party	City, State, Country (place of busine	·	applicable)
_			Controlling	Intermediary
_				
		·		
		· · · · · · · · · · · · · · · · · · ·		
5	Check only if there is NO Interested Party.			
3	AFFIDAVIT	PARTICIPATION OF THE PARTICIPA		
	LORENA GARZA Notary Public, State of Texas My Commission Expires December 12, 2017	Firm, under panalty of perjury, that the a		
	Sworn to and subscribed before me, by the said Rolando 20, to certify which, witness my hand and seal of office.	(MZ this the 30	oth day of to	anuany.
	Signature of officer administering oath Printed name of officer.	Gur 7a M- icer administering oath Title	any Public e of officer administer	ring oath

V 1 : }

L				1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US		
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place	Certificate Number: 2017-159072		
	Cruz-Hogan Consultants, Inc.	!	ZU11-103017		
	McAllen, TX United States	!	Date Filed;		
2		a contract for which the form is	01/27/2017		
~	being filed.	Contract for which the form is	GIIZIIZOA.		
	McAllen Public Utility		Date Acknowledged:	:	
			02/01/2017		
3	description of the services, goods, or other property to be provide		the contract, and pro	vide a	
	02-17-C17-342 Professional Civil Engineering Services				
_			Nature c	of interest	
4	Name of Interested Party	City, State, Country (place of busine	ess) (check a	pplicable)	
_			Controlling	Intermediary	
		· · · · · · · · · · · · · · · · · · ·			
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or af	affirm, under penalty of perjury, that the a	above disclosure is truc	e and correct.	
		Signature of authorized agent of contra	acting business enuty		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of	1	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of off	fficer administering oath Titl	tle of officer administeri	ing oath	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-136292 BOKF, NA (Bank of Texas) Austin, 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 11/14/2016 being filed. City of McAllen, Texas Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. WWSS Rev Bnds Srs 16 - TWDB Paying Agent/Registrar Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary BOKF, NA Austin, TX United States Х Gaytan, Jose Austin, TX United States Х Hansen, Anne-Marie Austin, TX United States Х 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. JOAN L. ROY Notary Public, State of Texas Comm. Expires 01-14-2020 Notary ID 130496514 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE ___, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

				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.			JSE ONLY ON OF FILING			
	Name of business entity filing form, and the city, state and count of business. BOKF, NA (Bank of Texas) Austin, TX United States	try of the business entity's place	Certificate Number: 2016-136292 Date Filed:				
 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, Texas 			11/14/2016 Date Acknowledge 02/06/2017	ed:			
	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. WWSS Rev Bnds Srs 16 - TWDB Paying Agent/Registrar Services						
4	Name of Interested Party	City, State, Country (place of busine		re of interest k applicable) g Intermediary			
ВС	DKF, NA	Austin, TX United States		Х			
Gε	aytan, Jose	Austin, TX United States		X			
Ha	ansen, Anne-Marie	Austin, TX United States		×			
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above disclosure is t	true and correct.			
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of conti	tracting business enti	ity			
	Sworn to and subscribed before me, by the said	, this the	day of				
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of officer administ	itering oath			

_						
!	CERTIFICATE OF INTERESTED PAR	TIES		FOR	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.		Ţ	OFFICE USE	E ONLY	
1	Name of business entity filing form, and the city, state and coun of business. BOKF, NA (Bank of Texas) Austin, TX United States	try of the business entity's place	CERTIFICATION OF FILIS Certificate Number: 2016-136294			
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen, Texas	ie contract for which the form is	Date Filed: 11/14/2016 Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid WWSS Rev Bnds Srs 16 - TWDB Escrow Agent Services	ntity or state agency to track or identify the contract, and provide a vided under the contract.				
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	f interest pplicable) Intermediary	
ВС	OKF, NA	Austin, TX United States		Controlling	X	
Gε	aytan, Jose	Austin, TX United States	_		х	
Ha	ansen, Anne-Marie	Austin, TX United States			X	
_						
5	Check only if there is NO interested Party.					
,	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	affirm, under penalty of perjury, that the a	racting i)		
-	Signature of officer adplifilistering oath Printed name of of	Roy / Interest administering oath Titl	Vota	in Public	ng oath	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-136294 BOKF, NA (Bank of Texas) Date Filed: Austin, TX United States 11/14/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 02/06/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. WWSS Rev Bnds Srs 16 - TWDB **Escrow Agent Services** Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х BOKF, NA Austin, TX United States Х Austin, TX United States Gaytan, Jose Х Austin, TX United States Hansen, Anne-Marie 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE _____, this the _____ day of ____ Sworn to and subscribed before me, by the said __ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		tificate Number: 7-155678	
	F&W Electrical Contractors, Inc. Floresville, TX United States	. !		Filed:	•
2	Name of governmental entity or state agency that is a party to the being filed.			18/2017	
	City of McAllen		Date	Acknowledged:	:
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a
	11-16-C09-565 MIAP Rotating Beacon and Tower Replacement		,		
4	Name of Interested Party	City, State, Country (place of busine		1	of interest
	Name of interestor i arty	City, State, Courting (place of pasing	:55)	Controlling	pplicable) Intermediary
Cit	ty of McAllen	McAllen, TX United States		X	Interneus, ,
			\dashv		
		1			
		DF			
				EIVED NGALL	
		FE FE			
				2 2017	
		Purchasin	9	& Contra	cling
		- y -	_		and the state of t
5 -	Check only if there is NO Interested Party.				
6		affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.
	CAROLYN KIOLBASSA Notary Public, State of Texas Comm. Expires 06-03-2020 Notary ID 5753393	Signature of authorized agent of contra	acting	j business entity	
1	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said CARUA HIL 2017 , to certify which, witness my hand and seal of office.	this the 3	<u>574</u>	day of <u>JA</u>	بالادائي.
	Signature of officer administering oath Printed name of off	w/bass	la of c	officer administerin	
	Signature of onicer authinistening oath Printed hame of on	ilicer administering oath — — —	e oi oi	mcer administerin	ng oath

CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-155678 F&W Electrical Contractors, Inc. Floresville, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 01/18/2017 being filed. Date Acknowledged: City of McAllen 01/31/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-16-C09-565 MIAP Rotating Beacon and Tower Replacement Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х City of McAllen 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______, this the ______ day of _____ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-162812 Stifel, Nicolaus & Company, Incorporated San Antonio, TX United States Date Filed: 02/06/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 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. Toll Brdg Rev Ref Bds 2017A&B **Bond Underwriting** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary St. Louis, MO United States Х Kruszewski, Ronald J. St. Louis, MO United States Х Zemlyak, James M. Х Himelfarb, Richard J. Ballimore, MD United States Х Imhoff, Michael F. Denver, CO United States Kendrick IV, Thomas R. St. Louis, MO United States Х

Mulroy, Thomas P.	Baltimore, MD United States	х			
Sliney, David D.	St. Louis, MO United States	х			
Warns III, Hugo J.	Baltimore, MD United States	X			
5 Check only if there is NO Interested Party.					
NORMA JEAN MALEWSKI HOTARY PUBLIC STATE OF TEXAS 101 1 3 0 4 4 6 7 8 6 0 COMM. EXP. 11-19-2019 Signature of authorized agent of contracting business entity					
Sworn to and subscribed before me, by the said DANEP. Kopinski, this the 6th day of February. 20, to certify which, witness my hand and seal of office.					
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	AN MAIGWSKI Ad Fofficer administering oath Title	MIA. ASSISTANT of officer administering oath			

				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
Name of business entity filing form, and the city, state and cof business.     Stifel, Nicolaus & Company, Incorporated San Antonio, TX United States			cate Number: 162812 iled:	
2 Name of governmental entity or state agency that is a party being filed. City of McAllen, Texas	to the contract for which the form is	02/06/2017 Date Acknowledged: 02/07/2017		
Provide the identification number used by the governmental description of the services, goods, or other property to be p Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting	I entity or state agency to track or identify provided under the contract.	/ the con	tract, and prov	vide a
4 Name of Interested Party	City, State, Country (place of busin	· · ·		f interest pplicable) Intermediary
Kruszewski, Ronald J.	St. Louis, MO United States		X	IIIIGimouaa ,
Zemlyak, James M.	St. Louis, MO United States		Х	
Himelfarb, Richard J.	Baltimore, MD United States		X	
Imhoff, Michael F.	Denver, CO United States		Χ	
Kendrick IV, Thomas R.	St. Louis, MO United States		X	
Mulroy, Thomas P.	Baltimore, MD United States		Х	
Sliney, David D.	St. Louis, MO United States		Х	
Warns III, Hugo J.	Baltimore, MD United States	;	Х	
5 Check only if there is NO Interested Party.				l
6 AFFIDAVIT I swea	ar, or affirm, under penalty of perjury, that the	above di	isclosure is true	and correct.
	Signature of authorized agent of con	itracting b	ousiness entity	
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office		wa.	day of	
Signature of officer administering oath Printed nam	ne of officer administering oath T	Title of off	ficer administeri	ing oath

FORM **1295** 

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	of business.  Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.)	Certificate Number: 2017-163023
2	being filed.	Date Filed: 02/07/2017
	City of McAllen, Texas	Date Acknowledged:

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

Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting

City, State, Country (place of business)	Nature of interest (check applicable)		
	Controlling	Intermediary	
New York, NY United States	×	1	
New York, NY United States	×		
New York, NY United States	х		
New York, NY United States	х		
New York, NY United States	Х		
New York, NY United States	Х		
New York, NY United States	X		
New York, NY United States	×		
New York, NY United States	X		
Samford, CT United States		×	
Dallas, TX United States		×	
Houston, TX United States		×	
Dallas, TX United States		Х	
Dallas, TX United States		Х	
Dallas, TX United States		Х	
		· · · · · · · · · · · · · · · · · · ·	
	New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  New York, NY United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States	City, State, Country (place of business)  New York, NY United States  X  New York, NY United States  X  New York, NY United States  X  Samford, CT United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States  Dallas, TX United States	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-163023 Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.) Dallas, TX United States Date Filed: 02/07/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 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. Toll Brdg Rev Ref Bds 2017A&B **Bond Underwriting** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. AMY CRUE Notary Public, State of Texas Comm Expires 07-03-2020 ₩ 10 126579674 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Roseveare to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	of business.  Oppenheimer & Co. Inc. (a wholly owned subsidiary of Oppenheimer Holdings Inc.)	Certificate Number: 2017-163023
2	Dallas, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	Date Filed: 02/07/2017
	City of McAlleri, Texas	Date Acknowledged: 02/14/2017

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

Toll Brdg Rev Ref Bds 2017A&B Bond Underwriting

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Oppenheimer Holdings Inc.	New York, NY United States	Х		
Lowenthal, Albert	New York, NY United States	Х		
Oughtred, Winn	New York, NY United States	×		
Roberts, Elaine	New York, NY United States	Х		
Friedman, Paul	New York, NY United States	×		
Lowenthal, Robert	New York, NY United States	х		
McArthur, Kenneth	New York, NY United States	Х		
Crystal, Richard	New York, NY United States	×		
Keener, Michael	New York, NY United States	Х		
Wolchock, Beth	Samford, CT United States		Х	
Roseveare, Daniel	Dallas, TX United States		х	
Sharpless, Carlos	Houston, TX United States		×	
Stock, Brit	Dallas, TX United States		х	
Bruning, Robert	Dallas, TX United States		х	
Brightwell, Misty	Dallas, TX United States		×	
:				

FORM **1295** 

					2012	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2017-163023			
	Oppenheimer & Co. Inc. (a wholly owned subsidiary of Opper	nheimer Holdings Inc.)				
	Dallas, TX United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	02/07	7/2017		
	being filed.					
	City of McAllen, Texas	;	Date Acknowledged: 02/14/2017			
			02/14	HZUI1		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	intract, and prov	/ide a	
	Toll Brdg Rev Ref Bds 2017A&B					
	Bond Underwriting					
_		Ī		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
	-	1	1	Controlling	Intermediary	
					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
			$\dashv$			
5	Check only if there is NO Interested Party.		i			
6	AFFIDAVIT LOUGH OF	affirm, under penalty of perjury, that the	above	dicelacura ie trua	and correct	
	i Swedi, de	animi, under penalty of perjury, martine	abuve	disclosure is tide	and correct.	
		Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Cignature of officer administrating onth	officer administrating ceth	itle of a	officer administeri	ng gath	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	ae oi o	meer aurinnistern	ng eaut	

				1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	E ONLY I OF FILING	
<ol> <li>Name of business entity filing form, and the city, state and country of the business entity's place of business. KSA Engineers, inc. Longview, TX United States</li> </ol>			Certificate Number: 2017-165986 Date Filed:		
being filed.			02/13/2017 Date Acknowledged:		
3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-17-S16-01 Baggage Carousel Civil Engineering Services					
4 Name of Interested Party City, State, Country (place of business			(check ap		
Fortner, Mitchell	Longview, TX United States		Controlling   X	Intermediary	
Hicks III, Walter F.	Tyler, TX United States		×		
Phipps, Craig	Sugar Land, TX United States		X		
Burns, Michael	Longview, TX United States	2	×		
Buck, Lanny	Longview, TX United States	,	X		
Ringler, John	Longview, TX United States	,	x	<del>- Marine de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de</del>	
Waller, Molly	McKinney, TX United States	)	×		
5 Check only if there is NO interested Party.					
6 AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above dis	sclosure is true	and correct.	
SHEILA MARIE ROGERS Notary Public, State of Texas My Commission Expires June 20, 2017 Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said Mitchell 20, to certify which, witness my hand and seal of office.	L. Forther this the	5 [*]	_day of <u>Feb</u>	nuary.	
Shedw Orw Printed name of o	Marie Rogers  flicer administering cash Tit	le of offic	Totan er administerly	g cath	
~	<b>.</b>		I = I	i	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-165986 KSA Engineers, Inc. Longview, TX United States Date Filed: 02/13/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 02/16/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 01-17-S16-01 Baggage Carousel Civil Engineering Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Longview, TX United States Fortner, Mitchell Tyler, TX United States Х Hicks III, Walter F. Sugar Land, TX United States Χ Phipps, Craig Х Longview, TX United States Burns, Michael Χ Longview, TX United States Buck, Lanny Х Longview, TX United States Ringler, John Х Waller, Molly McKinney, TX United States 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE _____, this the ____ Sworn to and subscribed before me, by the said _ day of 20_____, to certify which, witness my hand and seal of office.

Forms provided by Texas Ethics Commission

Signature of officer administering oath

www.ethics.state.tx.us

Printed name of officer administering oath

Version V1.0.277

Title of officer administering oath

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-156131		
	Curry Supply Co.			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		9/2017		
	City of McAllen	Date	Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a	
	01-17-P12-69 Removal of three existing 4000 gallon water tanks and purcharemounted on existing cab and chassis	ase installation of three new unused	4000	gallon water ta	anks to be	
4			_		f interest	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	pplicable) Intermediary	
		. , , , , , , , , , , , , , , , , , , ,		Johnson		
				*****		
					***	
-			<b>.</b>			
5	Check only if there is NO Interested Party.					
3 _	AFFIDAVIT I swear, or a	affirm, under penalty of perjugy, that the a	above	disclosure is true	and correct	
	MARISA F. LEAL Notary Public, State of Texas My Commission Expires April 28, 2019	Signature of authorized agent of contr				
	NOTARY 10 # 124 S6564-8	g	coung	Caomicoa Graity		
:	Sworn to and subscribed before me, by the said ohn Christopher Wilson, this the day of day of the control of the christopher wilson.					
, ~	Marina Hal Marisa F	Lea   Not fficer administering cath Titl	<b>۹۲</b> le of o	(ficer administerin	ig oath	
					1	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2017-156131			
	Curry Supply Co.					
3	Deer Park, TX United States	ha courtered for which the forms in	Date Filed: 01/19/2017			
_	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	01/10/2011			
	City of McAllen		Date Acknowledged: 02/21/2017			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract.	the c	ontract, and pro	vide a	
	01-17-P12-69	and installation of these new years	. 4000	\		
	Removal of three existing 4000 gallon water tanks and purch remounted on existing cab and chassis	iase installation of three new unused	14000	gallon water ta	inks to de	
4	Nows of Interested Parts	City Chata Country (slave of business		Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap Controlling	Intermediary	
				Controlling	mormoulary	
_				·		
•••						
5	Check only if there is NO Interested Party.	<u> </u>				
ŝ	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of conti	racting	t husings optitu		
		Signature of authorized agent of confi	acini	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	officer administering oath Ti	tlo of a	officer administeria	an ooth	
	orgradule of onloci administratily oddit — Fillitett flattle of	onice autilitistening batti - It	ae Ol O	инсен айпшимен	ny vaui	

CERTIFICAT	E OF INTERES	TED PAR				FOF	RM <b>1295</b>
							1 of 1
Complete Nos. 1 - 4 and Complete Nos. 1, 2, 3, §	d 6 if there are interested pa 5, and 6 if there are no inter	arties. rested parties.			CE	OFFICE USI	
Ferguson Service Sys	of business.  Ferguson Service Systems, Inc.				Certi	lificate Number: 7-161583	
Rancho Viejo, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.					Filed: 02/2017		
McAllen Public Utility			-:-			Acknowledged:	
01-17-C15-413	ion number used by the grices, goods, or other prop System Improvements &	perty to be provi	ity or state agency to to ided under the contract	rack or identify	the co	ontract, and pro	vide a
4 Name	e of Interested Party		City, State, Country (	(place of busine	ess)	(check ap	of interest
						Controlling	Intermediary
F-H		<u></u>					
					_		· · · · · · · · · · · · · · · · · · ·
	:				$\dashv$		
5 Check only if there is No	O Interested Party.	<u> </u>		- Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Value - Valu			<del></del>
6 AFFIDAVIT			affirm, under penalty of p	neriury, that the a	above	disclosure is true	and correct,
I NO MARKET MY	CLAUDIA GARZA iry Public, State of Texas y Commission Expires lovember 20, 2017	) _	Signature of authorize	<u></u>			
AFFIX NOTARY STAMP	SEAL ABOVE				ù		
Sworn to and subscribed I	before me, by the saidi lich, witness my hand and s	Seal of office.	Davis	_, this the $_{\it 2}$	nd	day of Feb	irvarif.
Signature of office and	Iministering oath F	Claud Printed name of c	la Gavza Officer administering oath		l le of of	FRCE Ma	YYACY na oath

And the second

FORM **1295** 

L					1017	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place		ificate Number: 7-161583		
	Ferguson Service Systems, Inc.	·	2017 101000			
	Rancho Viejo, TX United States	·	Date	Filed:		
2		ne contract for which the form is	02/02/2017			
_	being filed.					
	McAllen Public Utility	!	Date Acknowledged: 02/23/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	01-17-C15-413					
	NWWTP Reclaimed System Improvements & Pump Station					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	<u> </u>	
				Controlling	Intermediary	
			-			
_						
	•					
_		1				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the		day of		
	20, to certify which, witness my hand and seal of office.				*	
	Signature of officer administering oath Printed name of o	officer administering oath Til	tle of c	officer administeri	ng oath	

				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
Name of business entity filing form, and the city, state and country of the business entity's place of business,		Certificate Number: 2017-170064		
Coffman Associates, Inc. Lee's Summit, MO United States		Date I		
<ol> <li>Name of governmental entity or state agency that is a party to t being filed.</li> </ol>	he contract for which the form is		2/2017	
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 prov 05-15-S51-284 Airport Master Plan	itity or state agency to track or identify ided under the contract.	the co	intract, and pro	vide a
4	Oit State O (also of business	,		f interest
Name of Interested Party	Name of Interested Party City, State, Country (place of busin	essj	Controlling	pplicable) Intermediary
Dmyterko, Michael	Lee's Summit, MO United States	3	Х	
Fitz, David	Lee's Summit, MO United States	3	X	
Wagner, Stephen	Lee's Summit, MO United States	3	X	
Harris, James Scottsdale, AZ United States			X	
Benson, Steven	Lee's Summit, MO United States	3	X	
	** Assets			
5 Check only if there is NO Interested Party.				
SHERRY J. IRVIN Notary Public - Notary Seal State of Missouri, Jackson County Commission Number 12492468 My Commission Expires Aug 5, 2020  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
Sworn to and subscribed before me, by the said Steven G. Bensen, this the day of Jebruary of Jebruary, to certify which, witness my hand and seal of office.				
Showing Drug Sherry Signature of officer administering oath Printed name of		otav ille of o	n Rubl fficer administer	

					1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, state and country of the business entity's place of business. Coffman Associates, Inc. Lee's Summit, MO United States		Certificate Number: 2017-170064 Date Filed:			
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is	02/22	2/2017	
and an internal and an arrangement of the second and arrangement of the second and arrangement of the second and arrangement of the second and arrangement of the second and arrangement of the second and arrangement of the second arrangement of the seco		1	Date Acknowledged: 02/23/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided to the services of the property to be provided to the services of the services of the governmental endescription of the services of the governmental endescription of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the se		the co	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of interest (check applicable)	
				Controlling	Intermediary
Dr	myterko, Michael	Lee's Summit, MO United States		Х	
Fitz, David		Lee's Summit, MO United States		Х	
Wagner, Stephen L		Lee's Summit, MO United States		х	
Harris, James		Scottsdale, AZ United States		Х	
Вє	enson, Steven	Lee's Summit, MO United States		Х	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of conti	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			•	
	Sworn to and subscribed before me, by the said, this theday of,  20, to certify which, witness my hand and seal of office.				,
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of o	fficer administeri	ng oath

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1			Certificate Number:		
_	of business.			152016	
	Pavement Restoration Inc		Date F	ilad.	
2	Boerne, TX United States  Name of governmental entity or state agency that is a party to the cor		Date F 01/09/		
_	being filed.	induction which are torners			
	City of McAllen		Date A	Acknowledged:	
	Provided the Interest of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control	ntata angusta tarak an idanata	4ha		falo a
3	Provide the identification number used by the governmental entity or description of the services, goods, or other property to be provided u		tne coi	ntract, and prov	ide a
	01-17-C14-139				
	Pavement Restoration - Reclamite				:
4		<del> </del>	Т	Nature of	interest
4	Name of Interested Party City	y, State, Country (place of busine	ss)		
			_	Controlling	Intermediary
			-		
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			$\dashv$		
<b>P</b>	Check askalf there is NO Interested Darty				·
	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm	, under penalty of perjury, that the a	above d	disclosure is true	and correct.
	THERESA PECK	1.11			
	Notary Public, State of lexas				
	September 18, 2018	MANY	···········	`	
	Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Pahace 11)	11 mg /16		\	an 1
	Sworn to and subscribed before me, by the said	) ( (0 \ (115) , this the		day of <u>&lt;</u>	U.I.
		_			
		T 1	11,	, ?	11/2
مسته	Marshill, Thorse	SALVOCK	\\X	tor 1 t	Mic
	Signature of officer administering oath Printed name of officer	r administering oath Titl	le of of	ficer administerir	ig oath
				l	

FORM **1295** 

		<del></del>		1011		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number:				
	Pavement Restoration Inc		2017-152016			
	Boerne, TX United States		Date Filed:			
2			01/09/2017			
<i>د</i>	being filed.	contract for which the form is	02,00,202.			
	City of McAllen		Date Acknowledged: 02/23/2017			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	y or state agency to track or identify		vide a		
	01-17-C14-139					
	Pavement Restoration - Reclamite					
4	Name of Interested Party	City, State, Country (place of busine		f interest oplicable)		
	Name of interested Party	City, State, Country (place of busine	Controlling	Intermediary		
			Controlling	intermediary		
5	Check only if there is NO Interested Party.					
ŝ	AFFIDAVIT I swear, or af	offirm, under penalty of perjury, that the a	above disclosure is true	e and correct.		
	<del></del>	Signature of authorized agent of contr	racting business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the	day of			
	20, to certify which, witness my hand and seal of office.		auy oi	1		
	Signature of officer administering oath Printed name of off	fficer administering oath Tit	tle of officer administeri	ng oath		
	-g					

CERTIFICATE OF INTERESTED PAR	TIES	FOF	RM <b>1295</b>	
Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE US	1 of 1	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION		
<ol> <li>Name of business entity filing form, and the city, state and count of business.</li> </ol>	try of the business entity's place	Certificate Number:		
Amegy Bank, a division of ZB, National Association		2017-169258		
Houston, TX United States  Name of governmental entity or state agency that is a party to the		Date Filed:		
being filed.		02/21/2017		
City of McAllen		Date Acknowledged:	:	
Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid TOLL BRDG REV REF BDS 2017A&B Paying Agent	ty or state agency to track or identify t led under the contract,	he contract, and pro	vide a	
4 Name of International Property			f interest	
Name of Interested Party	City, State, Country (place of busines		pplicable)	
Zions Bancorporation	Salt Lake City, UT United States	Controlling	Intermediary	
	- Can Adid City, C. Cinical City			
			ı [	
			<del></del>	
	-			
5 Check only if there is NO Interested Party.		1		
6 AFFIDAVIT			<u>.</u>	
ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  AFFIX NOTARY STAMP / SEAL ABOVE  ASHLEY REED NOTARY PUBLIC STATE OF TEXAS STATE OF TEXAS SIgnature of authorized agent of contracting business entity				
Sworn to and subscribed before me, by the said	IcLendon, this the2	day of Fee	bruany.	
Oshley Reed Ashley Signature of officer administering oath Printed name of offi	Reld Tr	ust Officer of officer administering	·	
Open demonstrating order	icei adiministering oaur i inc	or onicer administering	g oath	

FORM **1295** 

					1011
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: -169258	
Amegy Bank, a division of ZB, National Association			2017-169258		
	Houston, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	02/21/2017		
being filed.			Date Acknowledged:		
				7/2017	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ernmental entity or state agency to track or identify the contract, and provide a			
	TOLL BRDG REV REF BDS 2017A&B				
	Paying Agent				
				Nature o	f interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ar	
			_	Controlling	Intermediary
Zi	ons Bancorporation	Salt Lake City, UT United States		Х	
			·		
				, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT   swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
		Signature of authorized agent of con	tracting	n business entity	
		agont of doing	9	,	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	,
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of	officer administering oath T	itle of c	officer administer	ing oath

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-170741 Rush Truck Centers of Texas LP New Braunfels, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 02/23/2017 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract, PURCHASE OF NEW CURRENT MODEL CAB & CHASSIS WITH VARIOUS REFUSE BODIES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Lyons, Michael New Braunfels, TX United States Х Weaver, Derrek New Braunfels, TX United States Х Keller, Steve х New Braunfels, TX United States Anderson, Scott New Braunfels, TX United States X Naegelin, Jr. Martin A. New Braunfels, TX United States Х Rush, W.M. "Rusty" New Braunfels, TX United States Х Rushtex, Inc. New Braunfels, TX United States Х Rushco, Inc. New Braunfels, TX United States Х 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perloy, that the above disclosure is true and correct. NICOLE JOHNSON My Commission Expires **December 3, 2020**

AFFIX NOTARY STAMP / SEAL ABOVE

NOTARY ID: 12922201-8

Sworn to and subscribed before me, by the said Michael S. Lyons , this the 33rd day of February to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

Signature of authorized agent of contracting business entity

			1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	<del>-</del>		
of business. Rush Truck Centers of Texas LP		Certificate Number: 2017-170741 Date Filed:	;		
<ol> <li>Name of governmental entity or state agency that is a party to the being filed.</li> </ol>	ne contract for which the form is	02/23/2017			
City of McAllen		Date Acknowledged 02/28/2017	d:		
Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in the services of the property to be provided in the services of the provided in the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the serv	ided under the contract.	S			
4 Name of Interested Party	City, State, Country (place of busine		of interest applicable)		
igane of interested i any	City, State, Country (piece c. 222	Controlling	Intermediary		
Lyons, Michael	New Braunfels, TX United States	s X			
Weaver, Derrek	New Braunfels, TX United States	s X			
Keller, Steve	New Braunfels, TX United States	s X			
Anderson, Scott	New Braunfels, TX United States	s X			
Naegelin, Jr, Martin A.	New Braunfels , TX United State:	es X			
Rush, W.M. "Rusty"	New Braunfels, TX United States	s X			
Rushtex, Inc.	New Braunfels, TX United States	s X			
Rushco, Inc.	New Braunfels, TX United States	s X			
5 Check only if there is NO Interested Party.					
6 AFFIDAVIT I swear, or	6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.				
Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL_ABOVE					
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of			
Signature of officer administering oath Printed name of	officer administering oath Ti	Title of officer administe	ering oath		

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.  Doggett Freightliner of South Texas, LLC  Pharr, TX United States	try of the business entity's place	Certificate Number: 2017-170917 Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	02/23	3/2017		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  01-17-P11-106  New Freightliner cab and chassis with a roll off hoist					
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap	pilcable)	
Do	ggett Industries Investments, LLC	Dailas, TX United States		Controlling	Intermediary X	
Do	ggett, William	Houston, TX United States		х		
•						
5	Check only if there is NO Interested Party.					
6	BRIANNE HEATHER HERRERA Notary ID # 129795444 My Commission Expires April 23, 2018  AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>Michael</u> 2017, to certify which, witness my hand and seal of office.	Cruellett, this the 2	3120	day of <u>Fe</u>	<u>/b</u> ,	
	Signature of officer administering cath Printed name of	Tennena Tofficer administering oath	214 itle of d	buring by the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the stat	ing oath	

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business.  Doggett Freightliner of South Texas, LLC		2017	-170917			
	Pharr, 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	02/23	3/2017			
	being filed,		Date Acknowledged:				
	City of McAllen		02/24/2017				
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	the co	ontract, and pro	vide a			
	01-17-P11-106						
	New Freightliner cab and chassis with a roll off hoist						
				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	plicable)		
				Controlling	Intermediary		
Do	oggett Industries Investments, LLC	Dallas, TX United States			X		
Do	oggett, William	Houston, TX United States		X			
					.,		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Signature of authorized agent of con	tracting	business entity			
			v	,			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

Adtrowledge 9-6168 FORM 1295

# CERTIFICATE OF INTERESTED PARTIES

		.*	1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US			
Name of business entity filing form, and the city, state and coun of business.     J.A. Garza Associates, LLC	of business.				
McAllen, TX United States	•	Date Filed:			
2 Name of governmental entity or state agency that is a party to th	e contract for which the form is	08/08/2016			
being filed.  City Of McAllen  Date			:		
Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  08-16-S59-337  Surveying Services 2016					
4 Name of Interested Party	City, State, Country (place of busin	ess) (check a	of interest pplicable)		
		Controlling	Intermediary		
Garza, Maria	McAllen, TX United States	X			
Garza, Jesus	McAllen, TX United States	X			
5 Check only if there is NO Interested Party.					
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.		
<del></del>	Signorum of outhorized agent of each				
AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of con	racting business entity	,		
Sworn to and subscribed before me, by the said $\frac{\sqrt{5505}}{2}$	Gasta this the	ライト day of A	<u> </u>		
20 1 6, to certify which, witness my hand and seal of office.	- Canada				
Enilio A	1. Taring	EMILIO A My Commiss	100		
Signature of officer administering oath Printed name of o	officer administering oath	August 1 He of officer administer	5, 2016 ing oath		

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2016-96425 J.A. Garza Associates, LLC McAllen, TX United States Date Filed: 08/08/2016 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City Of McAllen Date Acknowledged: 09/06/2016 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 08-16-S59-337 Surveying Services 2016 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Garza, Maria McAllen, TX United States Х Garza, Jesus McAllen, TX United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____, this the _____ day of _ ____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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	CERTIFICATE OF INTERESTED PART	TES	·	FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place		ficate Number: '-171122	
	Cruz-Hogan Consultants, Inc. McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is		3/2017	
	McAllen Public Utility		Date	Acknowledged	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	ontract, and pro	vide a
01-08-S06-143 SOQ-PROFESSIONAL ENGINEERING SERVICES FOR WATER/SEWER IMPROVEMENTS K-CENTI				TER SEWER &	WATERLINE
1	Name of Interested Party	City, State, Country (place of busines		(check a	f interest oplicable)
_				Controlling	Intermediary
_	RECEIVED CITY OF MOALLEN				
	CITY OF MORLLET			<u> </u>	
	MAROLZUN				
	Purchasing & Contracting				
	Section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the section of the sectio				
	V .				
_			. ,		

5 Check only if there is NO Interested Party.



6 AFFIDAVIT

LORENA GARZA
Notary Public, State of Texas
My Commission Expires
December 12, 2017

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Rolando Cruz

this the

H day or February

Men Ja

Printed name of officer administering oath

Title of officer administering path

FORM 1295

=				.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and countr of business.	Certificate Number: 2017-171122			
	Cruz-Hogan Consultants, Inc. McAllen, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	02/23/2017	:	
	being filed.  McAllen Public Utility	<b>.</b>	Date Acknowledged:		
3	Provide the identification number used by the governmental entity	- <u></u>	03/01/2017	vide a	
3	description of the services, goods, or other property to be provide		, <b>, ,</b>		
	01-08-S06-143 SOQ-PROFESSIONAL ENGINEERING SERVICES FOR WAT IMPROVEMENTS	TER/SEWER IMPROVEMENTS K-			
4	Name of interested Party	City, State, Country (place of busine	Nature of (check ap		
	, , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or af	firm, under penalty of perjury, that the a	bove disclosure is true	and correct.	
				İ	
				`	
		Signature of authorized agent of contra	acting business entity	ļ	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of	, <u> </u>	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of off	ficer administering oath Title	e of officer administerin	g oath	

Ack 3-2-1782

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1.

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
L.	Name of business entity filing form, and the city, state and country of the business entity's place of business.		Certificate Number: 2017-157628			
	H & V EQUIPMENT SERVICES, INC.	'				
	Progreso, TX United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/24	1/2017		
-	being filed.		1			
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.					
	Project No. 01-17-P13-71 Purchase of Two (2) New and Unused Current Model Wheel	Loaders with Quick Coupler and M	ulti-Pu			
				Nature of		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
				Controlling	Intermediary	
G	arces, Ana	Progreso, TX United States			Χ	
M	pore, Thad	Progreso, TX United States			×	
Ha	arvey, Bruce	Progreso, TX United States		X		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.	
	VERONICA CANTU NOTARY PUBLIC-STATE OF TEXAS COMM. EXP. 10-03-2017 NOTARY ID 123991109  VERONICA CANTU  Total R. Moore Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	0 4	A 1	th 1	,	
	Sworp to and subscribed before me, by the said	$R. Moore_{\underline{}}$ , this the $\underline{}$	<u> 14°</u>	day of	unuary	
	Neumica Cunto Ve	cronica Canta 17	roto	ny		
	Signature of officer administering oath Printed name of	officer administering oath	Title of	officer administer	ing oath	

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties,			OFFICE USE ONLY CERTIFICATION OF FILING		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: -157628		
H&VE	QUIPMENT SERVICES, INC.		ZOI	-131020		
	, TX United States		Date !	Filed:		
,	governmental entity or state agency that is a party	to the contract for which the form is		1/2017		
City of M				Date Acknowledged: 03/02/2017		
3 Provide ti description	ne identification number used by the governmental on of the services, goods, or other property to be p	y the co	ontract, and pro	vide a		
-	lo. 01-17-P13-71 e of Two (2)  New and Unused Current Model Wl	heel Loaders with Quick Coupler and N	/ulti-Pu	rpose Bucket		
_				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busing	ness)	(check ar	oplicable)	
	-		<u> </u>	Controlling	Intermediary	
Garces, Ana	1	Progreso, TX United States		<u> </u>	Х	
Moore, Thac	j	Progreso, TX United States			Х	
Harvey, Bru	ce	Progreso, TX United States		Х		
5 Check onl	y if there is NO Interested Party.					
6 AFFIDAVI	T I swear	r, or affirm, under penalty of perjury, that the	above (	disclosure is true	and correct.	
		Signature of authorized agent of cor	itracting	business entity		
AFFIX NO	TARY STAMP / SEAL ABOVE					
	nd subscribed before me, by the said			day of		
20	_, to certify which, witness my hand and seal of office.					
Cianat	ure of officer administering oath Printed name	e of officer administering oath	Title of o	fficer administeri	na nath	
Jigilat	are or omeet administering take Fridea Harie	·	(4C OI O	moor derillingerii	ng vaur	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-174212		
	Romco Equipment Company		201	114212		
	Mercedes, TX United States		Date			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/03	3/2017		
	City of McAllen		Date	Acknowledged:		
	ord of Modifich		Date !	nomiowicagea.		
3	Provide the identification number used by the governmental enti	ity or state agency to track or identify	the co	intract and area	rido a	
3	description of the services, goods, or other property to be provide	ded under the contract.	uie ce	minaci, and pro	nu <del>e</del> a	
	515-16					
	Volvo L30 with Grapple rake					
		1	<del></del>	<b>b</b> t-4		
4	Name of Interested Party	City, State, Country (place of busine	1994	Nature of (check ap		
		only, otato, country (place of business	,,,,	Controlling	Intermediary	
				Controlling	intermediary	
			l			
		110 g. 1,61 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110 g. 1,110				
		-				
5	Check only if there is NO Interested Party.					
5	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above (	disclosure is true	and correct.	
	BELINDA A. CAVAZOS MY COMMISSION EXPIRES	1/1/2_				
	April 21, 2018	Off	<del>~</del>			
		Signature of authorized agent of contr	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	·				
	Sworn to and subscribed before me, by the said ( a ( d ) )	$^{\prime}$	•		,	
	Sworn to and subscribed before me, by the said  20, to certify which, witness my hand and seal of office.	J. Carlo, this the 3	<u> </u>	day of	ench.	
	,,,	-				
	- A A				l	
	Belle day (h Coulons Role 1	a A. Carazos n		D D.	615	
	Signature of officer administering oath Printed name of o		le of of	ficer administerin	g oath	
	Finited fiathe of officer administering 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 parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place	1	tificate Number: 7-174212	
	Romco Equipment Company Mercedes, TX United States			Filed:	
2		he contract for which the form is		3/2017	
_	being filed.	is consider to the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the same and the			
_	City of McAllen			Acknowledged: 03/2017	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
_	515-16 Volvo L30 with Grapple rake				
4	· · · · · · · · · · · · · · · · · · ·			1	of interest
~	Name of Interested Party	City, State, Country (place of busin	iess) l	1	pplicable)
			!	Controlling	Intermediary
_					<u> </u>
_					
			$\longrightarrow$		
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	e and correct.
		Signature of authorized agent of cont	tracting	a husiness entity	
		orginators of additionable and a	.100	J DUSHIOGO C J	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	officer administerii	ng oath

# CERTIFICATE OF INTERESTED PARTIES 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. Certificate Number: 2017-176792

of business.

REIM Construction, Inc.

Mission, TX United States

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

City of McAllen

City of McAllen

City of McAllen

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

01-17-C16-183

A Mary

North Wastewater Reuse Project

4	Name of Interested Party	City, State, Country (place of business)		f interest pplicable)
		Controlling	Intermediary	

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i	Check only if there is NO Interested Party.	
i	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contracting business entity
	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before the light the said  20, to certify which, witness my hand and seal of	Tifuel A. Ramus, this the 9th day of March, of office.
	^	

signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-176792		
	REIM Construction, Inc. Mission, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/0	9/2017		
	being filed.		Date	A almawladaad		
	City of McAllen		Date Acknowledged: 03/09/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
	01-17-C16-183					
	North Wastewater Reuse Project	•		T		
4	Name of Interested Party	City, State, Country (place of busine	eee)	•	f interest oplicable)	
	Name of interested Party	City, State, Country (place of Susmis	333)	Controlling	Intermediary	
		·				
				,		
				***************************************		
Ę	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	e and correct.	
					<u></u>	
		Signature of authorized agent of contr	racting	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Tit	tle of c	officer administeri	ng oath	

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	maine of business office, fining form, and any office and overlay a fining	Certificate Number: 2017-172139
	Tion Total III Distor States	Date Filed:
2	being filed.	02/27/2017  Date Acknowledged:
	City of McAllen, Texas (Hidalgo County)	Dato Actilowicagou.

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.

TOLL BRDG REV REF BDS 2017A&B Bond Insurance

4 Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)		
		Controlling	Intermediary	
Bailenson, Robert	New York, NY United States	х		
Albert, Howard	New York, NY United States	Х		
Assured Guaranty Ltd.	Hamilton Hamilton Bermuda	Х		
Assured Guaranty US Holdings Inc.	New York, NY United States	X	- <del></del>	
Assured Guaranty Municipal Holdings Inc.	New York, NY United States	х		
Stern, Bruce	New York, NY United States	х		
Rosenblum, Benjamin	New York, NY United States	X		
Paston, Donald	New York, NY United States	X		
Michener, James	New York, NY United States	×		
Frederico, Domínic	New York, NY United States	Х	:	
Donnarumma, Stephen	New York, NY United States	X		
Chow, Ling	New York, NY United States	×		
Brewer, Russell	New York, NY United States	Х		
			1-	
<u>, , , , , , , , , , , , , , , , , , , </u>				

	CERTIFICATE OF INTERESTED PARTIES				FORM <b>1295</b>		
				•	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.		-	FICE USE	ONLY OF FILING		
1	Name of business entity filing form, and the city, state and country of business.  Assured Guaranty Municipal Corp.	of the business entity's place	Certificate 2017-172  Date Filed	139			
2	New York, NY United States  Name of governmental entity or state agency that is a party to the cibeing filed.  City of McAllen, Texas (Hidalgo County)						
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided TOLL BRDG REV REF BDS 2017A&B Bond Insurance	or state agency to track or identify under the contract.	the contra				
_				Nature of			
4	Name of Interested Party	ity, State, Country (place of busin		(check ap	Intermediary		
				Mittorini 8	Hiteriticain		
-							
F							
_							
Ę.	Check only if there is NO Interested Party.			<u>:</u>			
ľ		· · · · · · · · · · · · · · · · · · ·					
6	AUDREY A UDIT AND Notary Public, State of New York No. 01UD4973019 Qualified in Queens County Commission Expires October 9, 2018  Signature of authorized agent of confracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said Aristopher Juniquet , this the A day of Pehrany and and seal of office.						
	Signature of officer administering oath Printed name of offi	d.t. Ndlev Nicer administering oath	Mark Title of office	<u>Publi</u> eAadminister	C Ing oath		

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Assured Guaranty Municipal Corp.	Certificate Number: 2017-172139
2	New York, NY United States  Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 02/27/2017
	being filed. City of McAllen, Texas (Hidalgo County)	Date Acknowledged: 03/09/2017

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

TOLL BRDG REV REF BDS 2017A&B Bond Insurance

4 Name of Intercepted Ports	City, State, Country (place of business)	Nature of interest (check applicable)		
Name of Interested Party	City, State, Country (place of business)	Controlling	Intermediary	
Bailenson, Robert	New York, NY United States	Х		
Albert, Howard	New York, NY United States	Х		
Assured Guaranty Ltd.	Hamilton Hamilton Bermuda	х	-	
Assured Guaranty US Holdings Inc.	New York, NY United States	×		
Assured Guaranty Municipal Holdings Inc.	New York, NY United States	×		
Stern, Bruce	New York, NY United States	Х		
Rosenblum, Benjamin	New York, NY United States	Х		
Paston, Donald	New York, NY United States	×		
Michener, James	New York, NY United States	Х		
Frederico, Dominic	New York, NY United States	х		
Donnarumma, Stephen	New York, NY United States	х		
Chow, Ling	New York, NY United States	х		
Brewer, Russell	New York, NY United States	Х		

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-172139 Assured Guaranty Municipal Corp. New York, NY United States Date Filed: 02/27/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas (Hidalgo County) 03/09/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. TOLL BRDG REV REF BDS 2017A&B Bond Insurance Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE _, this the _____ day of ___ Sworn to and subscribed before me, by the said ___ 20_____, to certify which, witness my hand and seal of office. Title of officer administering oath Printed name of officer administering oath Signature of officer administering oath

	CERTIFICATE OF INTERESTED PART	TES		FORM 1295		
				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.		1	ICE USE ONLY CATION OF FILIN	JG	
1	Name of business entity filing form, and the city, state and country of business.  Amegy Bank, a division of ZB, National Association	y of the business entity's place	Certificate Number: 2017-169259			
2	Houston, TX United States  Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	contract for which the form is	Date Filed: 02/21/2017  Date Acknowledged:			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide TOLL BRDG Rev Ref Bds 2017A&B Escrow Agent	y or state agency to track or identify ed under the contract.	the contract	, and provide a		
4	Name of Interested Party	City, State, Country (place of busine	ss)	Nature of interest (check applicable) trolling Intermedia	arv	
Zio	ons Bancorporation	Salt Lake City, UT United States	Х			
<b></b>					_	
••••						
5	Check only if there is NO Interested Party.					
В	ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  ASHLEY REED NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 11/04/18  Signature of authorized agent of contracting business entity  Deirdre H. McLendon , this the 2/5f day of February					
	20_17, to certify which, witness my hand and seal of office.   Askley Reed Askle  Signature of officer administering oath Printed name of officer.	y Rud	The	st officer	/	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, sta of business.	Certificate Number: 2017-169259			
٠	Amegy Bank, a division of ZB, National Association	on			
	Houston, TX United States		1	Filed:	
2	Name of governmental entity or state agency that is	a party to the contract for which the form is	02/2	1/2017	
	being filed.		Date	Acknowledged	
	City of McAllen		9/2017	•	
		www.autal.autitr.au.atata.august to track or idantif	v the e	antract and pro	uido o
3	Provide the identification number used by the gover description of the services, goods, or other property	nmental entity of state agency to track of identity to be provided under the contract.	у ше с	ontract, and pre	viue a
	TOLL BRDG Rev Ref Bds 2017A&B				
	Escrow Agent				
				Nature o	of interest
4	Name of Interested Party	City, State, Country (place of busin	ness)		pplicable)
				Controlling	Intermediary
Zi	ons Bancorporation	Salt Lake City, UT United States	5	Х	
				E	
_			•		
			_		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the	e above	disclosure is tru	e and correct.
		Signature of authorized agent of cor	-tvo otio	husingge entitu	
		Signature or authorized agent or cor	wacun	g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal				
	Signature of officer administering oath Prin	nted name of officer administering oath	Title of	officer administer	ing oath
	Signature or emoti administrating odd 1 111				J

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-177605 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 03/13/2017 being filed. City of McAllen, TX Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract, 08-16-C22-591 McAllen Youth BB sports lighting equipment Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Oskaloosa, IA United States Musco Corporation 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. KARYL L THÓMAS ---Commission Number 111111 My Commission Expires April 24, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____James M. Hansen , this the , to certify which, witness my hand and seal of office. Karyl L. Thomas Notary Public Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-177605 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: 03/13/2017 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 03/16/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 08-16-C22-591 McAllen Youth BB sports lighting equipment Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Oskaloosa, IA United States Х Musco Corporation 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE ___, this the _____ day of ____ Sworn to and subscribed before me, by the said _____ 20 , to certify which, witness my hand and seal of office. Title of officer administering oath Signature of officer administering oath Printed name of officer administering oath

				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country o of business.	f the business entity's place	Certificate Number: 2017-179534		
	Nardis Public Safety San Antonio, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the co	ntract for which the form is	03/17/2017		
	being filed.	·			
	McAllen Fire Department		Date Acknowledged:		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided u	state agency to track or identify under the contract.	the contract, and pro	vide a	
	1-17-p16-01 firefighter uniforms				
_			Nature o	f interest	
4	Name of Interested Party Cit	ty, State, Country (place of busine	ess) (check a	pplicable)	
	***************************************		Controlling	Intermediary	
	RECEIVED				
	CITY OF MEALLEN	1 1 11 2			
<del></del>	MAR 2 O CATE		27. 1	-	
	Purchasing & Contracting				
	Byr	1.00.0000000000000000000000000000000000			
	V				
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm	n, under penalty of perjury, that the	above disclosure is true	e and correct.	
	BARBARA H. THURMON	Company of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Control of the Contro			
	Notary Public				
	STATE OF TEXAS	And the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s			
	My Comm. Exp. May 1, 2017	gnature of authorized agent of conti	racting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said RENE MAR	TINEZ, this the	day of M	PRCH_	
	20, to certify which, witness my hand and seal of office.				
	Barbara I Van man Branca	H. THURMON	Notabl		
/	Signature of officer administering oath Printed name of office	***************************************	Ile of officer administeri	ng oath	
		<b></b>		J	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and cour of business.	Certificate Number: 2017-179534			
	Nardis Public Safety San Antonio, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is		7/2017	
	being filed.		Data	A alemany da alema ale	
	McAllen Fire Department			Acknowledged: 0/2017	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided to the services.		the co	ontract, and pro	vide a
	1-17-p16-01 firefighter uniforms				•
4	Name of Interested Party	City State Country (place of busin	1000		f interest
	Name of Interested Party	City, State, Country (place of busing	essj	Controlling	oplicable) Intermediary
					- Internation
_					
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5	Check only if there is NO Interested Party.		1		
6	AFFIDAVIT ] swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of cont	ractine	r businoss ontitu	
		Signature of authorized agent of cont	acting	) business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of c	officer administeri	ng oath

# Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place of business. O.G. Construction Co., LLC

EDINBURG, TX United StatesName of governmental entity or state agency that is a party to the contract for which the form is being filed.

02/23/2017

Date Filed:

City of McAllen

Date Acknowledged:

Moture of interest

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

02-17-C17-342

Installation of Sanitary Sewer Improvements

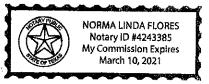
4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
	•		Controlling	Intermediary	
	i				

5	Check	only	if	there	is	NO	Interested	Part	у
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6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Owav & Gavera, this the 22 day of March 20 7, to certify which, witness my hand and seal of office.

. 11

Signature of officer administering oath

Printed name of officer administering oath

Title of office administering oath

L						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	s.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and of business.	Certificate Number: 2017-171174				
	O.G. Construction Co., LLC			2017	212214	
	EDINBURG, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party	y to th	ne contract for which the form is		3/2017	
	being filed. City of McAllen				Acknowledged: 2/2017	
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be p			the co	ontract, and pro	vide a
	02-17-C17-342 Installation of Sanitary Sewer Improvements					
4	Name of Interested Party		City, State, Country (place of busin	ess)		f interest oplicable)
	,		, , , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary
					Controlling	momodaly
				-		
					<u>i</u>	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swee	ar, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
			Signature of authorized agent of conf	tracting	husiness entity	
	AFFIY MOTARY CTAMP / CEAL AROUE		orginatore of dathorized agent of com-	racarig	, basiness entry	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	.,,
	Signature of officer administering oath Printed nam	ne of a	officer administering oath Tr	itle of c	officer administeri	ng oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-173250 Border Trade Alliance Rio Grande City, TX United States Date Filed: 03/01/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Association to promote public policy to facilitate trade and cross border business between the US, Canada and Mexico. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Plano, TX United States Stumfall, Carrie Х 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, YADIRA SALAZAR Notary Public - Artzona Yuma County My Commission Expires February 24, 2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 1205 ell L Jone S , to certify which, witness my hand and seal of office.

Title of officer administering oath

FORM **1295** 

			=			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ificate Number: 7-173250		
	Border Trade Alliance	,			4	
	Rio Grande City, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/0.	01/2017		
	City of McAllen	!	Date Acknowledged: 03/27/2017			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a	
	GF2016 Association to promote public policy to facilitate trade and cross		S, Car	nada and Mexic	:0.	
4			<del></del>		of interest	
~	Name of Interested Party	City, State, Country (place of busine	ess) I		pplicable)	
		<del> </del>	!	Controlling	Intermediary	
Stı	umfall, Carrie	Plano, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
			2***		· · · · · · · · · · · · · · · · · · ·	
		Signature of authorized agent of contr	racting	រ business enucy		
	AFFIX NOTARY STAMP / SEAL ABOVE					
		Sworn to and subscribed before me, by the said, this the day of,				
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath	officer administering oath Til	itle of c	officer administeri	ng oath	

	CERTIFICATE OF INTERES	STED PAR	TIES			
		<b>7. ——</b>			FOR	RM <b>1295</b>
_						1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested $\mu$ Complete Nos. 1, 2, 3, 5, and 6 if there are no inte			CE	OFFICE USE	
1	Name of business entity filing form, and the cit of business.	ity, state and coun	try of the business entity's place	Certi	tificate Number: 7-176164	
	Texas Cordia Construction, LLC Edinburg, TX United States	· · <u> </u>			e Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of McAllen			08/2017 • Acknowledged:		
_	Oity of Mortion					
3	description of the services, goods, or other pro-	governmental enti roperty to be provi	ity or state agency to track or iden ded under the contract.	tify the c	ontract, and pro-	vide a
_	Project No. #03-17-C19-512 16TH& BEECH SANITARY SEWER SYSTE	EM IMPROVEME	NTS			
4	Name of Interested Party	1	City, State, Country (place of bu	siness)	1	of interest pplicable)
_					Controlling	Intermediary
He —	leredia, Isaac	9/10/19/10	Edinburg, TX United States		X	
Cc —	orbitt, Yara		Edinburg, TX United States		Х	
_						
_						
	10000	-				
				<del> </del>		
_						
5	Check only if there is NO Interested Party.				<u>L</u>	
3	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that t	the above	disclosure is true	and correct.
	.018 (190).		1/11/2			With Land
	ISABEL G. MARTINEZ  My Notary ID # 128118614  Expires December 3, 2017		Kan hut it			
	Expires December 3, 2017		Signature of authorized agent of co	ontracting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		itt, P.E., CEO, this the _	9	day of Mai	rch,
	1 /2					
,	late	Isabel G. Ma	artinez	Admi	inistrative Ass	sistant
_	Signature of officer administering oath	Printed name of r	officer administering oath	Title of c	officer administerin	ng oath

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-176164 Texas Cordia Construction, LLC Edinburg, TX United States Date Filed: 03/08/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 04/05/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. #03-17-C19-512 16TH& BEECH SANITARY SEWER SYSTEM IMPROVEMENTS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Edinburg, TX United States Х Heredia, Isaac Edinburg, TX United States Х Corbitt, Yara 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.

Forms provided by Texas Ethics Commission

Signature of officer administering oath

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____

20_____, to certify which, witness my hand and seal of office.

www.ethics.state.tx.us

Printed name of officer administering oath

Signature of authorized agent of contracting business entity

, this the _____ day of ____

Version V1.0.277

Title of officer administering oath

CERTIFICATE OF INTERESTED PAI	RTIES	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			
Name of business entity filing form, and the city, state and country of the business entity's place of business.		CERTIFICATION OF FILIN Certificate Number:				
RDH SITE & CONCRETE, LLC PAŁMVIEW , TX United States		2017-191412 Date Filed:				
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		04/12/2017				
		· ·	Date Acknowledged:			
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov Contract Number: 0317C20233	itity or state agency to track or identify ided under the contract.	the contract, and pre	ovide a			
Project Name: 2017 Sidewalk & Bus Stop Improvements		Site & (	Concrete work			
4 Name of Interested Party	City, State, Country (place of busine	ess) (check a	of interest pplicable)			
Garza, Denise	Palmview , TX United States	Controlling	Intermediary X			
De Hoyos , Rogelio	Pharr, TX United States	X				
De Hoyos , Dianaly	Pharr, TX United States	х				
			-			
			· · · · · · · · · · · · · · · · · · ·			
Challen I. 16th						
Check only if there is NO Interested Party.						
AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Claricatina Puente My Commission Expires 05/19/2018  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said	Christina Puente Notaw Dublic					
, and the of the	1118 (	of officer ådministering	oath			

					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		
	Name of business entity filing form, and the city, state and country of the business entity's place of business.  RDH SITE & CONCRETE, LLC  PALMVIEW, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  City of Mcallen			Certificate Number: 2017-191412  Date Filed: 04/12/2017  Date Acknowledged: 04/12/2017		
	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  Contract Number: 0317C20233  Project Name: 2017 Sidewalk & Bus Stop Improvements  Site & Concrete work					
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	f interest oplicable) Intermediary	
Ga	arza, Denise	Palmview , TX United States			×	
De	e Hoyos , Rogelio	Pharr, TX United States		х		
De Hoyos , Dianaly		Pharr, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of cont	racting	j business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	Signature of officer administering oath Printed name of c	officer administering oath Ti	itle of r	officer administeri	ing oath	

F					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US		
1		44-			V OF FILING	
	of business.	ess entity's place		icate Number: -188915		
	Greenscapes Six, LLC		2017-	-199312		
_	Baytown, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the contract for vibeing filed.	hich the form is	04/06	/2017		
	City of McAllon			Acknowledged		
			ouic r	-controlled	•	
3	Provide the identification number used by the governmental entity or state agendescription of the services, goods, or other property to be provided under the co	cy to track or identify tontract.	the co	ntract, and pro	vide a	
	03-17-S21-104					
	Resurfacing of Greens at Palmview Golf Course					
4						
4	Name of Interested Party City, State, Co	untry (place of busine	ss)		f interest oplicable)	
			~	Controlling	Intermediary	
			$-\!\!\!+$			
			i			
			$\neg$			
			一			
			+			
			+			
				1		
i (	Check only if there is NO Interested Party.			<u></u> <u>_</u>		
-	AFFIDAVIT		···			
	I swear, or affirm, under pena	fty of perjury, that the ab	ove dis	sclosure is true	and correct.	
	JODIE MCADAMS					
	Notary Public, State of Texas  My Commission Expires	n				
	October 10, 2017 Mike Sh	Ker				
	Signature of au	thorized agent of contrac	ting bu	ısiness entity		
A	AFFIX NOTARY STAMP / SEAL ABOVE					
c	Word to and when the last of	,	1/2	1		
2	worn to and subscribed before me, by the said MIKE ARCHER  0	, this the <i>(0</i>	TVL	_day of _HP	RIL	
-	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s				j	
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	ANDON ME COMMENTE ANCA	3	1			
_	Signature of officer administering oath  Printed name of officer administering	<u>Ams</u> L	1077.	ARU		
	Signature of officer administering oath Printed name of officer administering	oath Title	of offic	er administering	oath .	
					i	

				T 01 T	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and cour of business.	Certificate Number: 2017-188915			
	Greenscapes Six, LLC		2017-100913		
	Baytown, TX United States		Date Filed:		
2		he contract for which the form is	04/06/2017		
-	being filed.	ne contract for which the form is			
	City of McAllen		Date Acknowledged	<b>:</b>	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify	the contract, and pro	ovide a	
	03-17-S21-104				
	Resurfacing of Greens at Palmview Golf Course				
4			Nature (	of interest	
-+	Name of Interested Party	City, State, Country (place of busine	, <del></del>	pplicable)	
			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above disclosure is tru	e and correct.	
		Signature of authorized agent of conti	racting business entity	· ·	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the	day of		
	20, to certify which, witness my hand and seal of office.	, uns are	day or	,	
	20, to definy which, whitess my hand and sear of office.				
	Signature of officer administering oath Printed name of	officer administering oath Ti	tle of officer administe	ring oath	

Ack 1295 Cory-Pros On 4/2/17/25

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191464 Mata G. Construction Inc. Penitas, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/12/2017 being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 03-17-C18-530 Wash Facility Construction: Canopy, concrete slab, water and drainage connections, paving Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen Х McAllen, TX United States 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. BERNICE LIMON Rotary Public STATE OF TEXAS My Comm. Exp. 06-15-2018 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office, Signature of officer administering oath

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191464 Mata G. Construction Inc. Penitas, TX United States Date Filed: 04/12/2017 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 04/12/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Wash Facility Construction: Canopy, concrete slab, water and drainage connections, paving Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Χ McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE _____, this the _____ day of _____ Sworn to and subscribed before me, by the said __ 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

 $\mathcal{U}$ 

Printed name of officer administering oath

Title of officer administering oath

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	me of business entity filing form, and the city, state and country of the business entity's place business.  astal turf inc. dba champion turf farms			Certificate Number: 2017-191862		
	bay city, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			2/2017		
	city of mcallen			Date Acknowledged: 04/17/2017		
3	Provide the identification number used by the governmental entity	or ctata agonal to track as identific			vide e	
3	description of the services, goods, or other property to be provided	d under the contract.	ine co	ontiact, and pro-	vide a	
	04-17-P21-01 SPRIGGING OF GRASS AT PALMVIEW GOLF COURSE					
4			. "	Nature of		
	Name of Interested Party	City, State, Country (place of busine	SS)		applicable)	
		1		Controlling	Intermediary	
				:		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affi	irm, under penalty of perjury, that the a	bove	disclosure is true	and correct,	
		Signature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of officer	cer administering oath Titl	e of o	fficer administerir	ng 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 parties.	T _{CE}	OFFICE US	SE ONLY N OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  coastal turf inc. dba champion turf farms	e Cert	tificate Number: 7-191862		
	bay city, TX United States	Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/1	04/12/2017		
	city of mcallen				
3	Provide the identification number used by the governmental entity or state agency to track or id description of the services, goods, or other property to be provided under the contract.  04-17-P21-01  SPRIGGING OF GRASS AT PALMVIEW GOLF COURSE	entify the c			
4	Name of Interested Party City, State, Country (place of	business)		f interest pplicable)	
		-h	Controlling	Intermediary	
ļ					
_					
		-			
		- v			
	Check only if there is NO Interested Party.				
6	AFFIDAVIT  I swear, or affirm, under penalty of perjury, the  Signature of authorized agent of			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE	<i>בת</i> נ		0	
	Sworn to and subscribed before me, by the said	12	day of	me.	
	JEANETTE OPE A NOTARY PLE State of Text Comm. Exp. 12-13	7 <b>}</b>			
	Signature of officer administering oath Printed name of officer administering oath		officer administer	ng oath	

FORM 1295

					1 07 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2017-197805			
	Milnet Architectural Services, PLLC					
_	McAllen, TX United States	· · · · · · · · · · · · · · · · · · ·	Date F			
2	being filed.		04/25/			
	City of McAllen		Date A	Acknowledged:		
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the cor	ntract, and prov	vide a	
	Project #07-16-S54-450 Architectural Services for the Federal Motor Carrier Safety Ad Project	dministration (FMCSA) Port of Entry	(POE)	Southern Boro	der Upgrade	
4			$\Box$	Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
_				Controlling	Intermediary	
M	olina , Rodolfo	McAllen, TX United States		×		
					· 	
			$\exists$			
			1			
-			+			
			$\dashv$			
5	Check only if there is NO Interested Party.					
c	AFFINANT					
	SANJUANITA MARIBEL SANDOVAL Notary Public, State of Texas Comm. Expires: 09-06-2020 Notary ID 130808713  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  **Comm. Expires: 09-06-2020 Notary ID 130808713    Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Rodoco.  20 17 to certify which, witness my hand and seal of office.	Moli M, this the E	<u>16</u>	day of	XIT	
	Signature of officer administering oath  Printed riame of o	NHAM GANDOWN Tit	tle of of	DXQVU ficer administekir	P.W.i.C ng 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 parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-197805			
	Milnet Architectural Services, PLLC		2011	201000			
	McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	04/2	5/2017			
	being filed.			n			
	City of McAllen			Acknowledged: 5/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	Project #07-16-S54-450						
	Architectural Services for the Federal Motor Carrier Safety Ac Project	dministration (FMCSA) Port of Entry	(POE				
4				1	f interest		
	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)		
				Controlling	Intermediary		
M	olina , Rodolfo	McAllen, TX United States		Х			
	,						
5	Check only if there is NO Interested Party.	<u> </u>	· · ·	<b></b>	, , , , , , , , , , , , , , , , , , , ,		
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
	- <del></del>	Signature of authorized agent of conf	tracting	g business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE				ï		
	Sworn to and subscribed before me, by the said	, this the		day of	,		
	20, to certify which, witness my hand and seal of office.	,,					
				ı			
	Signature of officer administering oath Printed name of	officer administering oath T	itle of o	officer administer	ing oath		
					1		

FORM **1295** 

					10,1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	parties.	CE	OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-202404		
	The HON Company LLC		201	7-202404		
_	Muscatine, IA United States			Filed:		
2	Name of governmental entity or state agency that is a pelng filed.	party to the contract for which the form is	05/0	)4/2017		
	City of McAllen			Acknowledged: 05/2017	:	
3	Provide the identification number used by the government description of the services, goods, or other property to	nental entity or state agency to track or identi o be provided under the contract.	fy the c	ontract, and pro	ovide a	
	National IPA R142208 Project NO: 04-17-P24-01 P&I Office Furniture for T	TIC and YAC				
4				1	of interest	
	Name of Interested Party	City, State, Country (place of busi	ness)		pplicable)	
H	NI Corporation	Muscatine, IA United States		Controlling X	Intermediary	
			•			
5	Check only if there is NO Interested Party.		1			
6	AFFIDAVIT I :	swear, or affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.	
		Signature of authorized agent of cor	tracting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE	<b>.</b>				
	Sworn to and subscribed before me, by the said	, this the		day of	,	
	20, to certify which, witness my hand and seal of c					
,	Signature of officer administering oath Printed	name of officer administering oath	itle of o	officer administerin	ng oath	

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	км <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.	!	CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.  The HON Company LLC	rtry of the business entity's place	,	ificate Number: 7-202404		
Ĺ	Muscatine, IA United States	The state of the state of the state of		Filed: 4/2017		
4	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	te contract for which the torm is		Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide National IPA R142208 Project NO: 04-17-P24-01 P&I Office Furniture for TTIC and	ided under the contract.	the contract, and provide a			
		<u> </u>		l Notitro o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
	regino or microsica i mily	Oily otates country (proces or answer	300,	Controlling	<u>, i i </u>	
н	NI Corporation	Muscatine, IA United States		х	_	
_						
	Check only if there is NO Interested Party.					
	AFFIDAVIT  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  CHRISTINE D MCCORMICK COMMISSION NUMBER 772228 MY COMMISSION EXPIRES MARCH 20, 2018  Signature of authorized agent of contracting business entity					
	Sworn to and subscribed before me, by the said	oSHY , this the	<u>+</u> ++	day of	iay.	
i	Signature of officer administering oath  One of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name of the printed name o	McCornick Ab officer administering oath Tit	tar itle of o	1 Publi	ng oath	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	of business			Certificate Number: 2017-183634		
	Rodz Lawn Care and Landscaping					
2	McAllen, TX United States		Date Filed: 03/27/2017			
1	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	03/2	112011		
	City of McAllen			Acknowledged: 3/2017		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify ed under the contract.	the co	ontract, and pro	vide a	
	03-17-S22-73 Service Contract For The Trimming & Peeling of Tall Palm Tre	ees				
4					f interest	
	Name of Interested Party	City, State, Country (place of busine	ss)	(check ap	····	
_				Controlling	Intermediary	
			j			
5	Check only if there is NO Interested Party.	,				
6	AFFIDAVIT I swear, or a	ffirm, under penalty of perjury, that the a	bove	disclosure is true	and correct.	
	<b></b>	Signature of authorized agent of contra	acting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.				Ì	
•	Signature of officer administering oath Printed name of of	ficer administering oath Titl	e of o	fficer administerir	ıg oath	

FORM 1295

					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE			
1				Certificate Number: 2017-183634			
	Rodz Lawn Care and Landscaping McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the contract for whi	ich the form is	1	7/2017			
	being filed. City of McAllen		Date	Date Acknowledged:			
	City of MicAlleti						
3	Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the cort 03-17-S22-73  Service Contract For The Trimming & Peeling of Tall Palm Trees		the c	ontract, and prov	vide a		
_	Service Contract For The Filling & Feeling of Fair Faint Frees			·····			
4	Name of Interested Party City, State, Cou	intry (place of busing	ess)	Nature of (check ap	f interest policable)		
				Controlling	Intermediary		
	·						
5	Check only if there is NO Interested Party.			1			
6	AFFIDAVIT I swear, or affirm, under penal	lty of perjury, that the	above	disclosure is true	and correct.		
	ROSA E. COSS Notary Public, State of Texas ID:# 1243D155-8 My Commission Expires AMFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said <u>fundatupe Rodrigu</u> 20 17, to certify which, witness my hand and seal of office.	₹ 7 this the	Z8 [†]	day of M	arch.		
(	Signature of officer administering oath  Printed name of officer administering	S g oath Ti	ND:	Jany Publ	ng oath		

FORM 1295

					E ONLY I OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-190672		
	Tipton Motors, Inc.					
~	Brownsville, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	U4/1	1/2017	!	
	City of McAllen		Date Acknowledged: 05/03/2017			
3		entity or state agency to track or identify	the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be pro	ovided under the contract.				
	04-17-P22-67 vehicles					
	vernotes					
4	News of laterance and Decision		_		f interest	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ar		
				Controlling	Intermediary	
					i	
			1			
_						
j	Check only if there is NO Interested Party.					
ò	AFFIDAVIT I swear,	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	acting	business entity	,	
	AFFIX NOTARY STAMP / SEAL ABOVE					
					İ	
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Circulature of officers administrative at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circulature at the circu					
	Signature of officer administering oath Printed name of	of officer administering oath Tit	le of o	fficer administerir	ng oath	

Ack 5-3-1780

### **CERTIFICATE OF INTERESTED PARTIES**

FORM 1295

		<del></del>	<del></del>	20.2		
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FIL						
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	Certificate Number: 2017-190672			
	Tipton Motors, Inc.					
	Brownsville, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	04/11/2017			
	being filed. City of McAllen	:	Date Acknowledged:			
				-		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide		the contract, and pro	vide a		
	04-17-P22-67					
	vehicles					
_			Nature of	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess) (check ap	plicable)		
			Controlling	Intermediary		
5	Check only if there is NO Interested Party.	tara da da da da da da da da da da da da da				
6	AFFIDAVIT I swear, or af	ffirm, under penalty of periury, that the	above disclosure is true	and correct.		
	VERONICA PERALES My Commission Expires June 8, 2019  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	•	/			
	Sworn to and subscribed before me, by the said Denn's [20/7], to certify which, witness my hand and seal of office.	(ho mer this the	// // day of //	pr_,		
	Signature of officer administering oath  Printed name of officer administering oath	<del></del>	Note of Pubil tle of officer administeri			
				J = ====.		

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191121 Caldwell Country Chevrolet Caldwell, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 04/11/2017 being filed. Date Acknowledged: City of McAllen 05/03/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-17-P22-67 2017/2018 Vehicles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Knapp, Averyt Caldwell, TX United States Way, Stephen Caldwell, TX United States Х Hildebrand, Jon Caldwell, TX United States Χ 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____ _, this the _____ day of ____ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place		ficate Number: 7-191121	
	Caldwell Country Chevrolet		201.	"131161	ļ
	Caldwell, TX United States	· · · · · · · · · · · · · · · · · · ·		Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	04/1.1	1/2017	ļ
	being filed. City of McAllen	· •	Date	Acknowledged:	
	City of ivicalien			71000000	ļ
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		the co	ontract, and prov	/ide a
	04-17-P22-67				
	2017/2018 Vehicles				
_		1		Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
Kr	napp, Averyt	Caldwell, TX United States			Х
W	/ay, Stephen	Caldwell, TX United States		Х	
Hi	ildebrand, Jon	Caldwell, TX United States			Х
				+	
	,		_		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	Adrienne Marble Gattis My Commission Expires 03/31/2021 ID No. 125250244	Signature of authorized agent of cont		g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	KNEPP, this the	11	day of A	Pril.
(	Signature of officer administering oath Printed name of	MYKMMC MAYDIC f officer administering oath Ti	itle of	th's Northead of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the desired of the	OTAW ing oath

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-191831 Randall Reed's Prestige Ford Garland, TX United States Date Filed: 04/12/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 05/03/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-17-P22-67 FLEET VEHICLES AND TRUCKS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Sarac, Admir GARALAND, TX United States Χ 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____ __, this the _____ day of ____ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

Ack 5-3-1782

### **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

8/	1.				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Randall Reed's Prestige Ford Garland, TX United States			cate Number: 191831 Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is	04/12/2017  Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 04-17-P22-67 FLEET VEHICLES AND TRUCKS	tity or state agency to track or identify ided under the contract,	the co	ntract, and prov	ride a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of (check ap Controlling	
Sa	ırac, Admir	GARALAND, TX United States			Х
					<del> </del>
5	Check only if there is NO Interested Party.				
6	ADDAKLOCK  Volary Public, State of Jexas	affirm, under penalty of perjury, that the	above (	disclosure is true ·	and correct,
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	tracting	business entity	
	Sworn to and subscribed before me, by the said Admir to certify which, witness my hand and seal of office.	Sarac , this the 12	2 1	day of	DAL.
	Signature of officer administering oath  Printed name of	officer administering oath	Hu itle of o	Oc Clo	ng oath
	- v	-			j

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-190986 Weston Nissan Davie, FL United States Date Filed: 04/11/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 05/03/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-17-P22-67 30 Vehicles Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. |X|6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _, this the _____ day of _ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

1-1-2-3-482

## CERTIFICATE OF INTELESTED PARTIES

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-190986		
	Weston Nissan					
	Davie, FL United States		Date F			
2	Name of governmental entity or state agency that is a party to the co	ontract for which the form is	04/11/	/2017		
	being filed.		Data A	cknowledged:		
	City of McAllen		Dale A	cknowledged.		
			41			
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	under the contract.	tne cor	ntract, and prov	ide a	
	04-17-P22-67					
	30 Vehicles					
A.				Nature of	interest	
4	Name of Interested Party Ci	ity, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
	,					
	ч					
	Check only if there is NO Interested Party.					
_						
6	ELISE RUSIZER	rm, under penalty of perjury, that the	above o	disclosure is true	and correct.	
	Notary Public - State of Florida My Comm. Expires Sep 26, 2018 Commission # FF 136670 Bonded Through National Notary Assn.	1 Coffee	)			
	S	Signature of authorized agent of cont	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said PEKNONY K	acwar . this the	12	day of A	oril.	
	20, to certify which, witness my hand and seal of office.	havn, this the			g	
	Signature of officer administering oath Printed name of officer	cer administering oath Ti	itle of of	fficer administeri	ng oath	

FORM 1295

l						
	Complete 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	at herein and			Certificate Number:		
	The Center Of Industrial Rehabilitation Services McAllen, TX United States		2017-193796			
2	Name of governmental entity or state agency that is a party to the contract for whic	th the form is		Filed: 7/2017		
	being filed. City Of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the conti		the co	ontract, and prov	vide a	
	04-17-S30-60					
	Health and Wellness Program-McAllen Fire Department					
4	Name of Interested Party City, State, Coun	try (place of busine	ess)	Nature of (check ap	f interest oplicable)	
				Controlling	Intermediary	
-						
	<u> </u>				·	
5	Check only if there is NO Interested Party.			<b>-</b>		
6	AFFIDAVIT I swear, or affirm, under penalty	of perjury, that the	above	disclosure is true	and correct.	
	REFUGIA S. VELEZ My Notary ID # 7926569					
٠	Expires March 9, 2020	orized agent of contr	acting	business entity	<u>`</u>	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said £/0/80 LamuS	) this the	100	in day of	o. I	
	20	<u> </u>	<i>o</i>	day or Cyf	yu .	
	(1.14)		-			
	M/W) Refugir SVei	lez No	2 fa	vy Pub	lic	
	Signature of office administering dath  Printed name of officer administering	oath Tit	le of o	office dadministerir	ng oath	

** * * *

FORM **1295** 

				1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.		Certificate Number: 2017-193796			
	The Center Of Industrial Rehabilitation Services					
	McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the o	contract for which the form is	04/17/2017			
	being filed.		Date Acknowledged:			
	City Of McAllen		05/10/2017			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify		∕ide a		
	04-17-S30-60					
	Health and Wellness Program-McAllen Fire Department					
4			Nature of			
•	Name of Interested Party	City, State, Country (place of busine	·	<del></del>		
			Controlling	Intermediary		
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5	Check only if there is NO Interested Party.					
6	AFFIDAVIT   swear, or affi	rm, under penalty of perjury, that the a	above disclosure is true	and correct.		
		Signature of authorized agent of contr	actina business entity			
		agone or contr	J			
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the	day of			
	20, to certify which, witness my hand and seal of office.		<del></del>	····· <del></del> -		
			do of -tt:-	mar c sit-		
	Signature of officer administering oath Printed name of officer	cer administering oath Tit	tle of officer administeri	ng 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 parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-173520		
	Santex Truck Centers, LTD. Pharr, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contr			L/2017		
_	being filed.	action willow the form is				
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und		the co	ontract, and prov	∕ide a	
	Project No. 03-17-P17-90 C & C W/VARIOUS BODIES - HEAVY & MEDIUM DUTY DIESEL TO	RUCKS				
4			,	Nature of		
	Name of Interested Party City,	State, Country (place of busine	SS)	(check ap		
_				Controlling	Intermediary	
		**************************************				
		·				
	4.4		$\dashv$		•••••	
5	Check only if there is NO Interested Party.		<b>_</b> _			
6	AFFIDAVIT I swear, or affirm, u	nder penalty of perjury, that the a	ibove (	disclosure is true	and correct.	
	Solero Vela Jr. Notary Public, State of Texas Expires: 09-05-2018 Signa	COACULE A.  uture of authorized agent of control	K.c.	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE	,			ļ	
	Sworn to and subscribed before me, by the said <u>Udyne A</u> kg 20, to certify which, witness my hand and seal of office.	/ <i>NiSh</i> , this the		day of <i>211</i>	wch.	
	Alles Tel Sotero	Vela 4	(3 D.)			
	Signature of officer administering oath Printed name of officer ad		e of of	fficer administerir	ng 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 parties.  OFFICE USE ONLY CERTIFICATION OF FIL						
1	, , , , , , , , , , , , , , , , , , , ,			Certificate Number: 2017-173520		
	Santex Truck Centers, LTD.	!		1.0025		
	Pharr, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	03/0:	1/2017		
	City of McAllen	!	Date	Acknowledged:		
		•	05/12	2/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	Project No. 03-17-P17-90					
	C & C W/VARIOUS BODIES - HEAVY & MEDIUM DUTY DIE	ESEL TRUCKS				
_		<u> </u>		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	oplicable)	
				Controlling	Intermediary	
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		· .				
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				*		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
	<del></del>	Signature of authorized agent of conti	racting	ı business entity	<del></del>	
		-		,		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of c	officer administering oath Ti	tle of c	officer administeri	ng oath	
		J			Ü	

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.		CER	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of	of the business entity's place		ficate Number:	OF FILING
	of business. HD Supply Waterworks, Ltd.		2017	-197706	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the cobeing filed.	ontract for which the form is	04/25	5/2017	
	City of McAllen TX		Date .	Acknowledged:	
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided	or state agency to track or identify under the contract.	the co	ontract, and prov	vide a
	04-17-SP05-76 NEW COMPOUND COLD WATER METERS				
4				Nature of	
	Name of Interested Party C	ity, State, Country (place of busine	ess)	(check ap	·
<del> -</del>				Controlling	Intermediary
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L					7.44
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5	Check only if there is NO Interested Party.				·····
6	AECIDAVIT				
	ROSA E. COSS Notary Public, State of Texas	m, under penalty of perjury, that the a	above	disclosure is true	and correct.
	ID# 12430155-8 My Commission Expires 08-13-2016	Significant authorized agent of contra	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Juan Antonio	Guerrera this the	25+	4 day of A	oril
	20, to certify which, witness my hand and seal of office.			day or	,
/		<b>^</b>		· ~	
	Xosa E com Kosa	E CODSING R	082	विद्यात्त्र न	Tublic.
	Signature of officer administering oath Printed name of officer		11.44 10	officentadministerii 1430165-8	W .
Fo	rms provided by Texas Ethics Commission www.ethics	.state.tx.us	i <del>mma</del> :1-80	450165-8 <del>celon Explice</del> 3-2018	sion V1.0.883

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1				Certificate Number: 2017-197706		
	HD Supply Waterworks, Ltd.					
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for wh			Filed: 5/2017		
_	being filed.					
	City of McAllen TX			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental entity or state agenc description of the services, goods, or other property to be provided under the cor	y to track or identify ntract.	the co	ontract, and prov	/ide a	
	04-17-SP05-76 NEW COMPOUND COLD WATER METERS	`				
4	City Chats Court		\	Nature of		
	Name of Interested Party City, State, Cou	ıntry (place of busine	ss)	(check ap	Intermediary	
_				Controlling	memoralary	
				:		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under pena	lty of perjury, that the a	above	disclosure is true	and correct.	
	Signature of au	thorized agent of contr	acting	business entity	<del></del>	
	AFFIX NOTARY STAMP / SEAL ABOVE	•				
		atorio atorio		day of		
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, uns the		uay 0i	,	
	Signature of officer administering oath Printed name of officer administering	ng oath Tit	le of c	officer administeri	ng oath	

FORM 1295

L of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE CERTIFICA		
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate Num	ber:	
	Mission Western Wear	•	2017-205833		
	Mission, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the c	contract for which the form is	05/10/2017		
	being filed.		Data Aalmanda	- المديدات	
	City of McAllen		Date Acknowled	igea:	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify I under the contract.	the contract, an	d prov	ide a
	01-17-SP13-129				
	Safety Leather Boots				
4			Nat	ure of	interest
•	Name of Interested Party	City, State, Country (place of busine	· }		olicable)
			Controll	ing	Intermediary
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		RECEIVED			
		CITY OF MOALLET	A.		
		MAY 1 A ZUIT			
		WAL 16 5011			
		Purchasing & Contract	ing	$\dashv$	
		- <del>Bv. (YA)</del>	ere (Albert		
5	Check only if there is NO Interested Party.			J_	
			<del> </del>		
6	AFFIDAVITATION MA RIVERING TO Affir	rm, under penalty of perjury, that the a	above disclosure i	s true	and correct.
	ARY PUBLIC STATES	•			
		0 .0 1			
		wil Denos	ore		
	E COFTE OF THE SE	Signature of authorized agent of contra	acting business e	ntity	
	AFFIX NOTAL ASSISTANCE AND ABOVE				
	A THE COUNTY OF THE ABOVE				ĺ
	Sworn to and subscribed before me, by the said Aviel Long	05 a, this the	Se day of	mo	<u>  </u>
	20, to certify which, witness my hand and seal of office.				′ -
		(	1.		
	Thelma Kivey	<u>,</u> /4	odery Tub	Lie	
	Signature of officer administering oath Printed name of office	er administering oath Titl	e of officer admin	isterinç	oath
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FORM **1295** 

⊢							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1				Certificate Number: 2017-205833			
	Mission Western Wear	'		LUUUUU			
_	Mission, TX United States		1	Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	05/10	0/2017			
	City of McAllen	·	Date	Acknowledged:			
	ony or	'	05/10	6/2017			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a		
	01-17-SP13-129						
	Safety Leather Boots						
_				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	oplicable)		
	1			Controlling	Intermediary		
	-						
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			$\longrightarrow$				
5	Check only if there is NO Interested Party.		····				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
		Circal us of authorized agent of cont		incoo ontitu			
		Signature of authorized agent of conti	racuny	J business enuty			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	1		
	20, to certify which, witness my hand and seal of office.			<u> </u>			
	Signature of officer administering oath	officer administering oath Ti	itle of c	officer administeri	ng oath		

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м <b>1295</b>		
=	Constitution of Acad Cifficulty in Internal Algorithm	A CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR OF THE CONTRACTOR	<del></del>	OFFICE USE			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties,			RTIFICATION			
1	Name of business entity filing form, and the city, state and count of business. silsbee ford	ntry of the business entity's place		icate Number: -207179			
	SILSBEE, TX United States		Date F				
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is	105/15	5/2017			
	city of McAllen		Date /	Acknowledged;			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ntract, and prov	/ide a		
	04-17-P25-50 POLICE VEHICLES						
4	Name of Interested Dayly	City State Country (place of hyple	222)	Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess	(check ap	Intermediary		
DO	DNALSON, DREW	SILSBEE, TX United States		х			
	. "						
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		***			: :		
				·	<u> </u>		
5	Check only If there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
	MAXINE CARAWAY Notary ID # 4014284 My Commission Expires July 3, 2020  MAXINE CARAWAY Signature of authorized agent of contracting business entity						
	Sworn to and subscribed before me, by the said 20	Augustine 1	7th	day of	LAY,		
	may from MAKIN	Le CARAWAY	- A	notor			
	Signature of officer administering oath Printed name of c	officer administering oath T	rde of o	fficer administeri	ng oa <b>y</b> i		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.883

FORM **1295** 

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FFICE USE	ONLY OF FILING	
1	silsbee ford			Certificate Number: 2017-207179 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. city of McAllen			05/15/2017 Date Acknowledged: 05/17/2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 17-P25-50 POLICE VEHICLES		the cont	ract, and prov	vide a	
4	Name of Interested Party	City, State, Country (place of busin	usiness) Nature of interes (check applicable Controlling Intern			
DO	DNALSON, DREW	SILSBEE, TX United States	>	<		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above dis	sclosure is true	and correct.	
		Signature of authorized agent of cont	tracting bu	usiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE				7.7. 7.7. 8.8. 8.8.	
	Sworn to and subscribed before me, by the said	, this the		_ day of	·'	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of offic	cer administeri	ng oath	

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.  1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Doggett Freightliner of South Texas, LLC Converse, TX United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.		OFFICE USE ONLY CERTIFICATION OF FILING Certificate Number: 2017-207197  Date Filed: 05/15/2017  Date Acknowledged:			
03-17-P17-90 C&C W/Various Bodies	and white the sounds.				
4 Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap Controlling	f interest pplicable) Intermediary	
Doggett Industries Investments, LLC	Dallas, TX United States			X	
doggett, william	Houston, TX United States		Х		
	CITY OF MGAL		<b>V</b>		
	MAY 18 2017				
	urchasing & Cont	raç	ting		
5 Check only if there is NO Interested Party.	<u> </u>		l		
5 Check only if there is NO Interested Party.  6 AFFIDAVIT  NICK FERRELL Notary ID # 129898477 My Commission Expires July 25, 2018  Signature of authorized agent of contracting business entity  AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said M: Ke Crocketh , this the 5th day of May , 2017 , to certify which, witness my hand and seal of office.					
Signature of officer administering oath  Nick F	<u> </u>	ile of of	of F4I fficer administeri	ng 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 parties.		1	OFFICE USE	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2017-207197		
	Doggett Freightliner of South Texas, LLC		Data	Filed:	
2	Converse, TX United States  Name of governmental entity or state agency that is a party to the	he contract for which the form is	Date   05/15	Filea: 5/2017	
	being filed. City of McAllen			Acknowledged:	;
	Daniel de identification accessos and by the recognized and			5/2017	vide e
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 03-17-P17-90		the co	miraci, and prov	vide a
	C&C W/Various Bodies				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	Intermediary
De	oggett Industries Investments, LLC	Dallas, TX United States			Х
dc	ggett, william	Houston, TX United States		Х	
_					
•					
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.
		Signature of authorized agent of cont	vanting	huginoga antitu	
		Signature of authorized agent of cont	ı acui iy	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	Signature of officer administering oath Printed name of	officer administering oath Ti	tie of o	fficer administeri	ng oath

	CERTIFICATE OF INTERESTED PART	TIES		FOI	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	
1	Name of business entity filing form, and the city, state and count of business. SHI Government Solutions Austin, TX United States		Ceri 201	ERTIFICATION OF FILIN ortificate Number: 017-207521	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen		05/15/2017  Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide 05-17-P27-01 Purchase of Microsoft office licensing	y or state agency to track or identify ed under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	<b>SS</b> )	(check a	f interest pplicable)
				Controlling	Intermediar
			1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.8 ( 1. 14.		
5	Check only if there is NO interested Party.		Y S		
-	AFFIDAVITX				
1	VICTORIA PUBYLSKI Notary Public, State of Texas Comm. Expires 10-11-2020 Notary ID 130868106	firm, under penalty of perjury, that the a			and correct,
	AFFIX NOTARY STAMP / SEAL ABOVE			,,,	
	Sworn to and subscribed before me, by the said	this the	vê th	day of _M	ey.
	Signature of officer administering path Printed name of off	PUBYLSK Icer administering oath Titl		Lanagey	

FORM **1295** 

_						T 01 T	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number:		
	SHI Government Solutions	t Solutions			1-2013ZT		
	Austin, TX United States			Date	Date Filed:		
2	Name of governmental entity or state agency that is a	a party to th	ne contract for which the form is		05/15/2017		
	being filed.						
	City of McAllen				Acknowledged:		
				05/1	.8/2017		
3	Provide the identification number used by the govern description of the services, goods, or other property	mental enti to be provid	ity or state agency to track or ident ded under the contract.	ify the c	ontract, and pro	vide a	
	05-17-P27-01						
	Purchase of Microsoft office licensing						
_			1				
4	Name of Intercepted Posts					finterest	
	Name of Interested Party	į	City, State, Country (place of bus	iness)		oplicable)	
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.					-	
6	AFFIDAVIT	I swear, or	affirm, under penalty of perjury, that the	ne above	disclosure is true	and correct.	
			Signature of authorized agent of co	ntracting	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE						
			thio the		عمر نمو		
	Sworn to and subscribed before me, by the said		, uns tre		uay u	,	
	20, to obtain which manage my stand and obtain	, amou,					
	Signature of officer administering oath Printe	ed name of c	officer administering oath	Title of o	officer administeri	ng oath	

#### **CERTIFICATE OF INTERESTED PARTIES** FORM **1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-209639 Landscape Forms, Inc. Kalamazoo, MI United States Date Filed: 05/18/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed, City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Manufacture and deliver solar powered bus shelters Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Havera, Jodi Kalamazoo, MI United States Х Heriford, Richard Kalamazoo, MI United States Х Martin, Kirt Kalamazoo, TX United States Х May, Jamie Kalamazoo, MI United States Х Waugh, Daniel Kalamazoo, MI United States Χ Main, William Kalamazoo, MI United States Χ Fulgoni, Rebecca Kalamazoo, MI United States Х Northrup, Jamie Kalamazoo, MI United States Х Marshall, Jim Kalama, MI United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office BARBARA A. HOLLMES Notary Public, State of Michigan County of Kalamazoo My Commission Expires Dec. 08, 2017 Acting in the County of

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

e = = 4

FORM **1295** 

			1 01 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING		
<ol> <li>Name of business entity filing form, and the city, state and coun of business.</li> <li>Landscape Forms, Inc.</li> </ol>	Certificate Number: 2017-209639		
Landscape Forms, Inc. Kalamazoo, MI United States	1	Date Filed:	
2 Name of governmental entity or state agency that is a party to the	ne contract for which the form is	05/18/2017	
being filed. City of McAllen	Date Acknowledged: 05/18/2017	: 	
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 209011		the contract, and pro	vide a
Manufacture and deliver solar powered bus shelters			
4 Name of Interested Party	City, State, Country (place of busine	ł	of interest pplicable)
Name of Managers . 2,	Only, otato, ooung, tp	Controlling	Intermediary
Havera, Jodi	Kalamazoo, MI United States	Х	
Heriford, Richard	Kalamazoo, MI United States	X	
Martin, Kirt	Kalamazoo, TX United States	Х	
May, Jamie	Kalamazoo, MI United States	Х	
Waugh, Daniel	Kalamazoo, MI United States	Х	
Main, William	Kalamazoo, MI United States	Х	
Fulgoni, Rebecca	Kalamazoo, MI United States	Х	
Northrup, Jamie	Kalamazoo, MI United States		Х
Marshall, Jim	Kalama, MI United States	Х	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the a	above disclosure is true	e and correct,
	Signature of authorized agent of contr	racting business entity	
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of	
Signature of officer administering oath Printed name of	officer administering oath Tit	itle of officer administeri	ing oath

CERTIFICATE OF INTERESTE	D PARTIES		FOR	м 1295		
<u> </u>				1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, stat of business.	e and country of the business entity's place	Certificate Number: 2017-208112				
Grapevine DCJ, LLC GRAPEVINE, TX United States		Date Filed:				
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		O5/16/2017  Date Acknowledged:				
Provide the identification number used by the govern description of the services, goods, or other property	nmental entity or state agency to track or identi	fy the contract, and provide a				
14-17-P25-50 POLICE VEHICLES	to the provided bruter the comment					
			Nature o	of interest		
Name of Interested Party	City, State, Country (place of bus	iness)		pplicable)		
ENNANT, BILL	GRAPEVINE; TX United States	ŝ	Controlling X	Intermediary		
ENIVARY, DILL						
		√:		-		
f						
Check only if there is NO Interested Party.						
6 AFFIDAVIT	I swear, or affirm, under penalty of perjury, that t	he above	e disclosure is tr	ue and correct.		
NOTARY PUBLIC State of Texas Gomm. Exp. 06/06/2018	Signature of authorized agent of c	ontractin	ıg business entil	y		
AFFIX NOTARY STAMP / SEAL ABOVE		Į.	<b>L</b>			
Sworn to and subscribed before me, by the said	ennis (homos this the _	16	day of $V$	nay		

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.0.883

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-208112		
	Grapevine DCJ, LLC		201,	200112		
	GRAPEVINE, 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			05/16/2017		
	being filed.		Date Acknowledged:			
	CITY OF MCALLEN	05/16/2017				
			<u> </u>			
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-	ntity or state agency to track or identity vided under the contract.	the c	ontract, and pro	vide a	
	14-17-P25-50					
	POLICE VEHICLES					
				Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ess) (check applic		oplicable)	
			,	Controlling	Intermediary	
TE	NNANT, BILL	GRAPEVINE, TX United States		Х		
_						
	Charles (About to NO between to Double					
5	Check only if there is NO Interested Party.					
â	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
					;	
		Signature of authorized agent of con-	traction	a business antitu		
		Signature of authorized agent of con-	uacmi	J DUSINESS ENILY		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	of officer administering oath T	itle of	officer administer	ing oath	

FORM **1295** 

					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			T _{CEI}	OFFICE US			
·		CERTIFICATION OF FILING					
Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number:				
Caldwell Country Ford			2017	'-207421			
Caldwell , 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		e contract for which the form is	Date Filed: 				
being filed.							
City of McAllen		Date			e Acknowledged:		
3 Provide the identification number used by the gove description of the services, goods, or other propert	ernmental enti ty to be provid	ity or state agency to track or identified under the contract.	y the co	ontract, and pro	ovide a		
04-17-P25-50							
Police Vehicles							
4 Name of Interested Party		City, State, Country (place of busir		Nature of interest			
name of merested i arry		City, State, Country (place of busin		, , , , , , , , , , , , , , , , , , , ,			
			$\longrightarrow$	Controlling	Intermediary		
Way, Stephen		Caldwell, TX United States		X			
Hildebrand, Jon		Caldwell, TX United States			X		
Knapp, Averyt		Caldwell, TX United States			Х		
		100 N N N 100 N N N 100 N N N 100 N N N 100 N N N N					
	}	RECEIVED		i			
		<u>Y OF MCALLEN</u>					
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		<u>MAY № 2017</u>	$\longrightarrow$				
	Durch	ising & Contractio	10				
		<u>de</u>					
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Check only if there is NO Interested Party.	<u>_</u>						
S AFFIDAVIT							
(0.10) P.44	l swear, or a	affirm, under penalty of perjury, that the	above (	disclosure is true	e and correct.		
KALYN M COMSTOCK					i		
My Commission Expires	iA						
August 21, 2018		rely along			i		
		Signature of authorized agent of cont	tracting	hucinose ontitu			
		orginatare or dainonager agent or com	lacing	Dusiness entity			
AFFIX NOTARY STAMP / SEAL ABOVE							
	, , ,						
Sworn to and subscribed before me, by the said Mic	thank h	Viles, this the/	15	day of	€9		
20, to certify which, witness my hand and seal	l of office.						
1 Daniel Mariale	101	1	1- 00	<b>~</b>			
Signature defines desirable	<u>yulur</u>	J CANBACI E	NOT	$\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{\underline{$			
Signature of officer administering oath Prin	nea name of∙ol	fficer administering oath Ti	tie of of	ficer administerir	ng oath		

FORM 1295

<u> —                                   </u>			_			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			tificate Number: 7-207421		
	Caldwell Country Ford					
	Caldwell , TX United States		1	Filed:		
2		the contract for which the form is	05/1	15/2017		
	being filed. City of McAllen		Date	Acknowledged:	•	
	Oity of Mortifich			.6/2017		
3					vide a	
	description of the services, goods, or other property to be pro-	vided under the contract.				
	04-17-P25-50 Police Vehicles					
4				ł	of interest	
	Name of Interested Party	City, State, Country (place of busin	iess)		pplicable)	
—				Controlling	Intermediary	
W	/ay, Stephen	Caldwell, TX United States	<u> </u>	х		
Hi	ildebrand, Jon	Caldwell, TX United States			х	
Kr	napp, Averyt	Caldwell, TX United States			×	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
					I	
		Signature of authorized agent of conf	tracting	business entity ر	İ	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	<del></del>	
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of	of officer administering oath Ti	male of (	officer administeri	*	
	Signature of officer administering datif	a) Officer administering oath	itte o: o	Allicer aumministen	ing cam	

FORM **1295** 

Certii 2017 Date	ificate Number: 7-212811	N OF FILING			
2017 Date	7-212811	:			
Date					
	Filed:				
05/24					
	05/24/2017				
Date	Date Acknowledged:				
y the co	ontract, and pr	ovide a			
	Nature of interest				
ness)					
	Controlling	Intermediary			
	Х				
	***				
I		<u> </u>			
above	disclosure is tru	ie and correct.			
HECTOR H. HERRERA My Notary ID # 2573753 Expires December 28, 2020 Signature of authorized agent of contracting business entity					
3	,				
Sworn to and subscribed before me, by the said <u>JAVIER GARCIA</u> , this the <u>24TH</u> day of <u>MAY</u> , 20_17, to certify which, witness my hand and seal of office.					
A					
	ıtractinç				

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-212811 S&GE, L.L.C. San Antonio, TX United States Date Filed: 05/24/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 05/26/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-17-S34-01 Professional Engineering Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Χ Garcia, Javier San Antonio, TX United States 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____ , this the _____ day of ____ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

			M	MINE SANGERCAUSE WAS ASSESSED.	1 - 1 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -
!	CERTIFICATE OF INTERESTED PAR	TIES		FOR	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.		CE	OFFICE USE	E ONLY
1	Name of business entity filing form, and the city, state and coun of business.  Ungerboeck Systems International, Inc.	itry of the business entity's place	Certi 2017	ificate Number: 7-212686	
2	OFallon, MO United States  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	05/2	Filed: 4/2017 Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 10-16-P05-110 Event Management Software & Services	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap Controlling	
Un	ngerboeck, Justin	OFallon, MO United States		X	***************************************
Un	ngerboeck, Ryan	OFallon, MO United States		×	
Un	ngerboeck, Krister	OFallon, MO United States		Х	
Un	ngerboeck, Dieter	OFallon, MO United States		X	· · · · · · · · · · · · · · · · · · ·
			-		
				<del></del>	
·	Check only if there is NO interested Party.				
	APSIDe Vet	2			
•	BERNICE K. ORF Notary Public - Notary Seal State of Missouri, St Charles County Commission # 14433892 My Commission Expires Apr 20, 2018	affirm, under penalty of perjury, that the a			and correct.
:	AFFIX NOTARY STAMP / SEAL ABOVE  Sworn to and subscribed before me, by the said 20 17 , to certify which, witness my hand and seal of office.	Ngerbacek, this the 2	14	day of M	ly.
Ž	Bernie & Dy Bernie	EKGTF	No.	GTY fficer administerin	ng oath

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 par	rtles,		E USE ONLY ATION OF FILING
Name of business entity filing form, and the city, state as of business.     Ungerboeck Systems International, Inc.	nd country of the business entity's place	Certificate Nur 2017-212686	mber:
OFallon, MO United States  2 Name of governmental entity or state agency that is a pa	arty to the contract for which the form is	Date Filed: 05/24/2017	
being filed.  City of McAllen	nty to the contract for which are form is	Date Acknowle 05/24/2017	edged:
Provide the identification number used by the governme description of the services, goods, or other property to be 10-16-P05-110	ental entity or state agency to track or identify the provided under the contract.	the contract, a	nd provide a
Event Management Software & Services			
4 Name of Interested Party	City, State, Country (place of busin		ature of interest neck applicable) Iling Intermediary
Ungerboeck, Justin	OFallon, MO United States	X	ang intermediary
Ungerboeck, Ryan	OFallon, MO United States	Х	
Ungerboeck, Krister	OFallon, MO United States	Х	
Ungerboeck, Dieter	OFallon, MO United States	×	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I SV	wear, or affirm, under penalty of perjury, that the	above disclosure	e is true and correct.
_	Signature of authorized agent of conf	tracting business	entity
AFFIX NOTARY STAMP / SEAL ABOVE			
Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of of		day o	of,
<del></del>			
Signature of officer administering oath Printed n	name of officer administering oath T	itle of officer adm	ninistering oath

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.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place		ficate Number: -213650	
	Motorola Solutions, Inc. Houston, TX United States			Filed: 5/2017	
Z	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	contract for which the form is		Acknowledged:	
L	Provide the identification number used by the governmental entity				***
3	description of the services, goods, or other property to be provide RA05-15 HGAC P-25 Communications Equipment and services. TTIC Project	ed under the contract.	the C	ontract, and prov	лае а
4	Name of Interested Party	City, State, Country (place of busine	122	Nature of (check ap	
L	The or interested 1 at y	Charles Country (place of busine	.33,	Controlling	Intermediary
L					
5	Check only if there is NO Interested Party.		·	· ·	
6	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	BETH SHELTON Notary ID # 11199507 My Commission Expires April 23, 2018  AFFIX NOTARY STAMP (SEAL ABOVE	Signature of authorized agent of contr	/ racting	business entity	···
	<u> </u>	R Russel this the	<u> </u>	day of	2 <u>4</u>
,	Signature of officer administering path  Signature of officer administering path	Relton  Flicer administering oath	A	gtary officeradministeri	ng oath
	Timod (Millio VI VI	Commonwealth own	01 6	vauriinotein	A PROL

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es.	CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and of business.	d country of the business entity's place		ficate Number: 7-213650	
	Motorola Solutions, Inc.		2011		
	Houston, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a part	ty to the contract for which the form is	05/2	5/2017	
	being filed.			A . 1 1	
	City of McAllen			Acknowledged: 5/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to be	ital entity or state agency to track or identif e provided under the contract.	y the c	ontract, and pro	vide a
	RA05-15 HGAC				
	P-25 Communications Equipment and services. TTIC F	Project			
		1		Nature o	f interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	1	pplicable)
	rante of merested I arey	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s	,	Controlling	Intermediary
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5	Check only if there is NO Interested Party.			<u> </u>	<u> </u>
6	AFFIDAVIT I sw	ear, or affirm, under penalty of perjury, that th	e above	e disclosure is tru	e and correct.
					,
	<u>_</u>				
		Signature of authorized agent of co	ntractin	g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said			day of	
	20, to certify which, witness my hand and seal of offi	ice.			
			Tielo	officer advatates	ing onth
	Signature of officer administering oath Printed no	ame of officer administering oath	ine of	officer administer	ing 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 parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity of business.	ty's place		icate Number: -217608	
	McAllen Chamber of Commerce	1	-;		
	McAllen, TX United States		Date l	Filed:	
2	de la la contract for which the	e form is	06/02	2/2017	
-	being filed.				
	City of McAllen		Date /	Acknowledged:	
		,			
3	description of the services, goods, or other property to be provided under the contract.	ack or identify	the co	ontract, and prov	/ide a
	05-17-S35-01 AGREEEMENT - ALWA	Aller and the last	ent. I	nahawalat '	rotina ac-1
_	Serves its member, community, and visitor by enhancing economic growth and qua collaborative partnership	uncy of life throu	ugn le		
4		mta = -	[	Nature of	
•	Name of Interested Party City, State, Country (	place of busine	:ss)	(check ap	
				Controlling	Intermediary
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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	e and correct.
		1.			
		1 /			
1	ALBERTO GARZA  Notary Public State of Texas	1/1111.			
1	Notary Public, State of Texas  My Commission Expires	www		B	
1	March 12, 2018 Signature of authorize	ed agent of cont	tractinț	g business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
			_	•	
1	Sworn to and subscribed before me, by the said Steve Ahlenius	, this the	_2.	day of <u>J</u>	ine.
	20 17, to certify which, witness my hand and seal of office.	<del>.</del>			
	<i>J</i> .				
l	Az				
	Alberto Garza				
	Signature of officer administering oath  Printed name of officer administering oath	h T	itle of	officer administer	ing oath
	Signature of other administering odd	•			J

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 pa	arties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state a of business.		try of the business entity's place	Certi	ficate Number: 7-217608	
	McAllen Chamber of Commerce			ZUL	Z11000	
	McAllen, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a pa	arty to th	e contract for which the form is		2/2017	
-	being filed.	, (1)				
	City of McAllen			1	Acknowledged: 2/2017	•
3	Provide the identification number used by the government description of the services, goods, or other property to			the co	ontract, and pro	vide a
	05-17-S35-01 AGREEEMENT - ALWA					
	Serves its member, community, and visitor by enhance collaborative partnership	cing eco	nomic growth and quality of life thro	ugh le		
4				]	Nature of	
	Name of Interested Party		City, State, Country (place of busin	ess)	(check ap	
_					Controlling	Intermediary
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					- Alleria	
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				-		
5	Check only if there is NO Interested Party.					
	X					
6	AFFIDAVIT [ 5	swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
			Cinnet and all	hu **	husie	
			Signature of authorized agent of con-	u aciing	y pusiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	
	20, to certify which, witness my hand and seal of c	office.				
	Signature of officer administering oath Printed	name of o	officer administering oath T	itle of o	officer administeri	ng oath
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FORM **1295** 

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	Complete Nos, 1 - 4 and 6 if there are interested parties.	- Andrewski Andrewski (1994)	OFFICE US	ONLY
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		ficate Number:	
	Pleasant View Landscaping	Z017	'-194701	
	Mission, TX United States		Filed:	
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	04/19	9/2017	
	City of McAllen	Date	Acknowledged:	
			·	
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.	the co	ontract, and pro	/ide a
	04-17-S31-81			
	Mowing of weedy lots			
4	Name of Interested Party City, State, Country (place of busin	625)	Nature o (check ap	
		,	Controlling	Intermediary
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		]		
			<del></del> -	
		1		
5	Check only if there is NO Interested Party.			
6	AEEIDAVIT			
-	I swear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	CINDY GUZMAN			
	Notary Public, State of Texas ID# 865103-2			
	My Commission Expires 03-08-2020 Signature of authorized agent of contr	) a atina	forming a position	
	Signature of authorized agent of confi	acting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE			
	Sworn to and subscribed before me, by the said 1000 Cruma this the	ath	1. A	no I
	Sworn to and subscribed before me, by the said <u>TO WO</u> , this the <u>1</u> 20 1 7, to certify which, witness my hand and seal of office.	COL	day of <u></u>	The state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the state of the s
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	( leader touzands)	h	ers: h	
•	Signature of officer administering oath Printed name of officer administering oath Tit	le of of	fficer administerir	g 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.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	1	ificate Number: 7-194701	
	Pleasant View Landscaping Mission, TX United States			Filed:	
2	Mission, TX United States  Name of governmental entity or state agency that is a party to the	he contract for which the form is	E .	: Filea: .9/2017	
~	being filed.	He Contract for winer the form			
	City of McAllen		1	Acknowledged: 06/2017	i I
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a
	04-17-S31-81				
	Mowing of weedy lots				
4				1	of interest
	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)
$\vdash$				Controlling	Intermediary
	1		1		
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5	Check only if there is NO Interested Party.	<u></u>			
6	AFFIDAVIT I swear, or a	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
			· · · · · · · · ·	antitu	<del></del>
I		Signature of authorized agent of cont	racung	) business enuty	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		_ day of	
	20, to certify which, witness my hand and seal of office.				
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	Signature of officer administering oath Printed name of o	f officer administering oath Ti	itle of c	officer administeri	ing 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 parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number:	
	GO UNDERGROUND, LLC.		2017	7-195671	
	Harlingen , TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	1	0/2017	
	being filed.				
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and prov	vide a
	Project No: 04-17-S31-81	Mandy Lata			
	Multiple Service Contracts for "Contract-Labor" for Mowing of	weedy Lots			
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	·
	<u> </u>		-	Controlling	Intermediary
G	O UNDERGROUND, LLC.	HARLINGEN, TX United States	İ	Х	
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					***
5	Check only if there is NO Interested Party.			l.	
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	JUAN JORGE OLIVARES  Notary Public, State of Texas  Comm. Expires 03-29-2020  Notary ID 130599397	Signature of authorized agent of contr	lva	business entity	,
	Sworn to and subscribed before me, by the said	<b>Livers</b> , this the <u>20</u>	)4h	day of	<u>or. 1</u>
	Signature of officer administering oath  Printed name of or	fficer administering oath Tit	<u>VOto</u> ile of o	ivy 130 ( Ifilipor administerir	: <u>9939</u> 7 ig oath

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-195671 GO UNDERGROUND, LLC. Harlingen, TX United States Date Filed: 04/20/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 06/06/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No: 04-17-S31-81 Multiple Service Contracts for "Contract-Labor" for Mowing of Weedy Lots Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary HARLINGEN, TX United States Χ GO UNDERGROUND, LLC. 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE ___, this the ______ day of ____ Sworn to and subscribed before me, by the said ____ 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

	CERTIFICATE OF INTERESTED	PAR	TIES		FOR	м <b>1295</b>
F	Complete Neg. 1 4 and 6 if there are interested parties			T.	OFFICE USE	1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	arties.		CE	RTIFICATION	
1	Name of business entity filing form, and the city, state a of business.  Conde's Landscaping	and count	try of the business entity's place	1	ificate Number: 7-219814	
	Alton, 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	06/0	6/2017	
	City of McAllen			Date _.	Acknowledged:	
3	Provide the identification number used by the governm description of the services, goods, or other property to 04-17-S31-81.  Mowing of Weedy Lots	nental enti ) be provid	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4	Name of Intersected Floring				Nature o	
	Name of Interested Party		City, State, Country (place of busin	ess)	(check ar	Intermediary
						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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5	Check only if there is NO Interested Party.				- 1	
6	AFFIDAVIT	swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	FABIAN PEREZ  NOTARY PUBLIC - STATE OF TEXAS  ID # 12899112-8  COMM. EXP. 07-15-2020		Signature of authorized agent of conf	racting	p business entity	<u>-</u>
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		Conde, this the	7th	day of	une.
		him	Dema	Joh	car D. L	à ^ř . z
	Signature of officer administering oath Printed	<u>ンパル</u> I name of o			officer administerin	ng 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 parties.	oarties,		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state of business.	and cour	ntry of the business entity's place	1	ificate Number:	
	Conde's Landscaping			201	7-219814	
	Alton, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a	party to the	ne contract for which the form is	06/0	6/2017	
	being filed.					
	City of McAllen				Acknowledged:	
					7/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to	nental ent o be provi	ity or state agency to track or identi ded under the contract.	fy the c	ontract, and pro	vide a
	04-17-S31-81					
	Mowing of Weedy Lots					
			1		Nature o	f interest
4	Name of Interested Party		City, State, Country (place of busi	ness)	į.	oplicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT	swear, or	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.
			Signature of authorized agent of cor	ntracting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	
	20, to certify which, witness my hand and seal of				aa, a	'
	Signature of officer administering oath Printed	I name of	officer administering oath	Fitle of a	officer administeri	ng oath
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### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2017-219823 of business. Dell Marketing L.P. Date Filed: Round Rock, TX United States 06/07/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase of Replacement PCs Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х Round Rock, TX United States Dell, Michael 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. BRETTA YOUNG, Notary Public Newaygo County, State of Michigan My Commission Expires 07/26/2019 Acting in Muskegon County Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Cynthia B. Radel , this the 7th day of June Sworn to and subscribed before me, by the said _____ , to certify which, witness my hand and seal of office.

#### ett. y CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-219823 Dell Marketing L.P. Round Rock, TX United States Date Filed: 06/07/2017 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 06/07/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 15-17-P29-01 Purchase of Replacement PCs Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Intermediary Controlling Χ Round Rock, TX United States Dell, Michael

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7					
Iswear or	affirm under ner	nalty of neriury, that th	e ahove disi	closure is true	e and correc
	•				
	Signature of a	uthorized agent of co	ntracting bu	siness entity	
<del></del>	Signature of a	authorized agent of co	ntracting bu	siness entity	
	Signature of a	authorized agent of co	ontracting bu	siness entity	
	Signature of a	authorized agent of co	ntracting bu	siness entity	
		uthorized agent of co			
eal of office.					
	l swear, or	I swear, or affirm, under per	I swear, or affirm, under penalty of perjury, that th	I swear, or affirm, under penalty of perjury, that the above disc	I swear, or affirm, under penalty of perjury, that the above disclosure is true

	CERTIFICATE OF INTERESTED PARTIES		FOR	м 1295	
				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of the business.	iness entity's place	Certificate Number: 2017-195654		
	TDL Properties Alamo, TX United States	į.	Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract fo	r which the form is	04/20/2017		
	being filed. City of Mcallen	1	Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state at description of the services, goods, or other property to be provided under the 04-17-S31-81  MOWING OF WEEDY LOTS	gency to track or identify t e contract.	he contract, and pro	vide a	
4			1	of interest	
"	Name of Interested Party City, State	Country (place of busines	SS) (check a	pplicable) Intermediary	
La	ppęz, Hector alamo, T	X United States	X	, , , , , , , , , , , , , , , , , , ,	
brack		***************************************			
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<u> </u>					
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5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, under	penalty of perjury, that the a	above disclosure is tru	e and correct.	
	YLEANA YBARRA Notary Public, State of Texas My Commission Expires October 01, 2019 Signature	of authorized agent of contr	acting business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE		^		
	Sworn to and subscribed before me, by the said Ruben Lope.  20 17 , to certify which, witness my hand and seal of office.	2, this the <u>J</u>	Oth day of	aul.	
	Signafure of officer administering oath  Printed name of officer admin	TA istering oath Tit	Untary tle of officer administe	ring oath	
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## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-195654 **TDL Properties** Alamo, TX United States Date Filed: 04/20/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Mcallen 06/09/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-17-S31-81 MOWING OF WEEDY LOTS Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary alamo, TX United States Х Lopez, Hector 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______, this the ______ day of ____ 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PAR	TIES ,	FOR	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 parties.		OFFICE US 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: 2017-195086	
vista verde landscape inc donna, TX United States	Date Filed:		
Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	04/19/2017	
City of Mcallen		Date Acknowledged	:
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided of the services. Goods of the property of the provided of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the service	ity or state agency to track or identifi ded under the contract.	the contract, and pro	vide a
4		Nature o	f interest
Name of Interested Party	City, State, Country (place of busin	ess) (check a	pplicable)
		Controlling	Intermediary
			-
•			
,			,.
			<del>-</del>
Check only if there is NO Interested Party.			
AFFIDAVIT .			<del></del>
I swear, or a	affirm, under penalty of perjury, that the	above disclosure is true	and correct.
SANTA G. NAVARRO Notary Public, State of Texas My Commission Expires October 03, 2019	Signature of authorized agent of cont	racting business entity	
AFFIX NOTARY STAMP / SEAL ABOVE	· .		
Sworn to and subscribed before me, by the said	Rodrisuez, this the 2	th day of A	PRIĆ.
South & Marion Contain	C. Mariano	vata . Out	
Signature of officer administering oath Printed name of of	fficer administering oath Ti	le of officer administering	ng oath
rms provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Ve	rsion V1.0.883

FORM **1295** 

<u> </u>		<del> </del>			
_	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	itry of the business entity's place	I .	ificate Number: 7-195086	
	vista verde landscape inc	,	20	-T90000	
	donna, TX United States		Date	Filed:	
2		he contract for which the form is		9/2017	
_	being filed.	,			
	City of Mcallen	!		Acknowledged: 9/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	the co	ontract, and pro	vide a
	04-17-S31-81				
	Multiple Services Contract-Labor for Mowing of Weedy Lots				
4				1	f interest
4	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)
				Controlling	Intermediary
_					
			$\rightarrow$		
			$\longrightarrow$		
5_	Check only if there is NO Interested Party.				
6	AFFIDAVIT	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of conti	orting	- business antity	
		Signature or authorized agent or con-	facung	) Dusiness entry	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	this the		day of	_
	20, to certify which, witness my hand and seal of office.	1 4110 4.15	·	uuy o	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tie of o	officer administerii	ng oath

	CERTIFICATE OF INTERESTE	ED PARTIES		FOR	м 1295
				,ř	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 intereste			FICE USE	ONLY OF FILING
1	Name of business entity filling form, and the city, state and country of the business entity's place of business. Pathfinder Public Affairs, Inc. McAllen, TX United States		Certificate Number: 2017-220199		
2	Name of governmental entity or state agency that is being filed.	s a party to the contract for which the form is	Date Filed 06/07/20:		
	McAllen Hidalgo International Bridge			nowledged:	
3	Provide the identification number used by the government description of the services, goods, or other property 05-17-S34-01 legislative consulting services	rnmental entity or state agency to track or identify y to be provided under the contract.	y the contra	ct, and prov	vide a
4	Manual of Indonesia of the or			Nature of	
	Name of Interested Party	City, State, Country (place of busin	· —	(check ap	
Pa	thfinder Public Affairs, Inc.	McAllen, TX United States	X	ntrolling	Intermediary
			i i		
	Check only if there is NO Interested Party.				
3	AFFIDAVIT	I swear, or affirm, under penalty of perjury, that the	above disclo	sure is true	and correct.
	JANIE MORIN Notary ID # 5705828	12hr :			
	My Commission Expires August 17, 2020 AFFIX NOTARY STAMPS SEAS ABOVE	Signature of authorized agent of cont		•	
	Sworn to and subscribed before me, by the said	of office.	12 d	ay of Lu	no.
	f. m.	Tani Mai	). <u>)</u>	. د د ه	
/	Signature of officer administering oath Print	Tani Moria Y ted name of officer administering oath Ti	tle of officer	<i>Tuch/i</i> administerin	g oath

FORM **1295** 

느	100				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	es.	CE	OFFICE US	
1	Name of business entity filing form, and the city, state and of business.	I country of the business entity's place	E	ificate Number: 7-220199	
	Pathfinder Public Affairs, Inc.		ZULI	1-220199	
	McAllen, TX United States		1	Filed:	-
2	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	106/0	7/2017	
	McAllen Hidalgo International Bridge			Acknowledged: 9/2017	:
3	Provide the identification number used by the governmental description of the services, goods, or other property to be	al entity or state agency to track or identify provided under the contract.	y the co	ontract, and pro	vide a
	05-17-S34-01 legislative consulting services				
4					of interest
	Name of Interested Party	City, State, Country (place of busin	ness)		pplicable)
Pa	athfinder Public Affairs, Inc.	McAllen, TX United States		Controlling	Intermediary
	Brillider Fabric Palana, 1165	Working The Officer States			
_					
_				:	
_					
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swea	ear, or affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
		Signature of authorized agent of cont	tracting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	
	20, to certify which, witness my hand and seal of office	e,			
	Signature of officer administering oath Printed name	me of officer administering oath Ti	itle of o	officer administeri	ng oath

CERTIFICATE OF INTERESTED PAR	TIES	E	о <b>гм 1295</b>
		F	1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE U	SE ONLY
Name of business entity filing form, and the city, state and cour of business.     CineMassive Displays, Inc.     Atlanta, GA United States	CERTIFICATION OF FILING Certificate Number: 2017-223489		
Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	Date Filed: 06/14/2017	
Texas Transnational Intelligence Center	national Intelligence Center Date Acknowledged:		
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 06-17-P37-01 Purchase & Installation of Cinemassive Video Wall Display S Center (TTIC)	ne contiact		
4 Name of Interested Party	City, State, Country (place of busine	ess) (check	of interest applicable)
Texas Transnational Intelligence Center	McAllen, TX United States	Controlling X	Intermediary
5 Check only if there is NO Interested Party.			
6 AECIDAVIT			
JENNIFER LACEY LANGWELL Notary Public, Georgia Fulton County My Commission Expires March 22, 2021  AFFIX NOTARY STAMP / SEAL ABOVE	affirm, under penalty of perjury, that the s		
Sworn to and subscribed before me, by the said Pobly 20 1 , to certify which, witness my hand and seal of office.	Gam-fman, this the	( day of	June.
Signature of officer administering loath Pented name of	Inni W LUW LMW	le of officer administ	Public ering oath

e Y. . . .

FORM **1295** 

						T 01 T
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	arties.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state of business.	and cour	ntry of the business entity's place	Cert	ificate Number: 7-223489	
	CineMassive Displays, Inc.			201.	1-223409	
	Atlanta, GA United States			Date	Filed:	
2	Name of governmental entity or state agency that is a pbeing filed.	party to ti	he contract for which the form is	06/1	4/2017	
	Texas Transnational Intelligence Center				Acknowledged: 6/2017	
3	Provide the identification number used by the government description of the services, goods, or other property to			fy the c	ontract, and pro	vide a
	06-17-P37-01 Purchase & Installation of Cinemassive Video Wall E Center (TTIC)	Display S	System with Selected Options for th	е Теха	ıs Transnationa	l Intelligence
4	**				1	f interest
	Name of Interested Party		City, State, Country (place of busi	ness)		oplicable)
					Controlling	Intermediary
Τe	exas Transnational Intelligence Center		McAllen, TX United States		Х	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT [	swear, or	affirm, under penalty of perjury, that th	e above	disclosure is true	and correct.
			Signature of authorized agent of co	ntracting	n husiness entity	
					g Dadinoss sinsy	
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said		, this the		day of	
	20, to certify which, witness my hand and seal of	office.				
						•
	Signature of officer administering oath Printed	name of	officer administering oath	Title of o	officer administeri	ng oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOF	км 1295
			7		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 RTIFICATION	
1	of business.	ntry of the business entity's place	Certif	ficate Number:	
	Siddons Martin Emergency Group, LLC Houston, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/19	9/2017	
	CITY OF MCALLEN		Date	Acknowledged	:
3	Provide the Identification number used by the governmental ent description of the services, goods, or other property to be provided Project No 06-17-P33-01 Fire Apparatus	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busin	ess)		pplicable)
М	artin, Jr., Leon	Houston, TX United States		Controlling X	Intermediary
S	iddons, Patrick	Houston, TX United States		Х	
<del>-</del>	Check only if there is NO Interested Party.		<del></del>		
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	DENISE PICOU  Notary Public, State of Texas  Comm. Expires 01-18-2021  Notary ID 10543726	Signature of authorized agent of cont	racting	business entity	
	Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and seal of office.	n WilliamS this the	9#	7day of	une.
	DILLS COM DILLS Signature of officer administering oath Printed name of company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company of the company o	e Pi (OL) A officer administering oath	104 itle of o	WY U fficer agministeri	bli C ng oath

No. of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of the same of

FORM **1295** 

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
	Name of business entity filing form, and the city, state and coun of business. Siddons Martin Emergency Group, LLC Houston, TX United States		2017- Date F		
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	Date /	9/2017 Acknowledged: 9/2017	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided Project No 06-17-P33-01. Fire Apparatus	ity or state agency to track or identify ded under the contract.	the co		
4	Name of Interested Party	City, State, Country (place of busine	ess)		of interest pplicable) Intermediary
Ma	artin, Jr., Leon	Houston, TX United States		X	
Sid	ddons, Patrick	Houston, TX United States		Х	
_					
_					
_					
ļ <del></del>					
<u> </u>					
<u> </u>					
5	Check only if there is NO Interested Party.				
	Ц				
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	eand correct.
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of cont	racting	business entity	
	Sworn to and subscribed before me, by the said	, this the		day of	·
	Signature of officer administering oath Printed name of	f officer administering oath Ti	itle of c	officer administeri	ing oath
1					

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2017-224597 of business. Casco Industries, Inc. Date Filed: Houston, TX United States 06/15/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Personal Protection Equipment (PPE) for Firefighters Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. Х 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. ROSE M. CADDENHEAD, NOTARY PUBLIC NOTARY ID # 53449 BOSSIER/CADDO PARISH, LOUISIANA MY COMMISSION IS FOR LIFE Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Agent Dino Perez , this the 15th day of June 20 17 ___, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Nothing Rubbic

Title of officer administering oath

FORM 1295

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FICE USE	ONLY OF FILING	
1				Certificate Number: 2017-224597		
	Casco Industries, Inc.		202, 22.			
	Houston, TX United States		Date Filed	l <b>:</b>		
2		act for which the form is	06/15/201	17		
_	being filed.					
	City of McAllen			owledged:		
	2.9		06/19/201	1.7		
3	Provide the identification number used by the governmental entity or st description of the services, goods, or other property to be provided und	ate agency to track or identify der the contract.	the contra	ct, and prov	/ide a	
	06-17-P34-01					
	Personal Protection Equipment (PPE) for Firefighters	•				
_				Nature of	interest	
4	Name of Interested Party City,	State, Country (place of busine	ess)	(check ap	plicable)	
			Co	ntrolling	Intermediary	
		,				
-						
5	Check only if there is NO Interested Party.		·- •			
6	AFFIDAVIT I swear, or affirm, i	under penalty of perjury, that the	above disc	losure is true	e and correct.	
	Siar	nature of authorized agent of con	tracting bus	iness entity		
	5.5.	<b>.</b>	-	,		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	20					
	Signature of officer administering oath Printed name of officer a	administering oath T	itle of office	r administer	ing oath	

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-225890 Watson Furniture Group Poulsbo, WA United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 06/19/2017 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PURCHASE & INSTALLATION OF TWENTY (20) ANALYST & TWO (2) DISPATCH FURNITURE SYSTEM WITH SELECTED OPTIONS FOR THE TEXAS TRANSNATIONAL INTELLIGENCE CENTER (TTIC.) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary X I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity Sworn to and subscribed before me, by the said Jan Fer Water Marthis the to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oatl

	CERTIFICATE OF INTERESTED PA	RTIES		FOR	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 parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and co of business.	ountry of the business entity's place	1	ificate Number: 7-225890	
_	Watson Furniture Group Poulsbo, WA United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is		9/2017	
_	City of McAllen		06/21	Acknowledged: 1/2017	
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		the co	ontract, and pro	vide a
	NCPA #07-48 PURCHASE & INSTALLATION OF TWENTY (20) ANALY OPTIONS FOR THE TEXAS TRANSNATIONAL INTELLIG		RE SY	STEM WITH S	ELECTED
4	Name of Interested Party	City, State, Country (place of busine	race)	1	of interest pplicable)
	Name of interested Party	Oily, state, country (place of boom	essy	Controlling	Intermediary
				Johnson	II KOMING
			$\neg$		
		+			
	<u> </u>		$\dashv$		
			1		
 5	Check only if there is NO Interested Party.			1	
3	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
		Signature of authorized agent of contr	tracting	) business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	<del></del>	day of	1
	Signature of officer administering oath Printed name of	of officer administering oath Ti	itle of o	officer administerir	ng oath

FORM 1295

Name of Interested Party City, State	or which the form is	Nature o	N OF FILING
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  1 Name of business entity filing form, and the city, state and country of the business.  Professional Account Management, LLC Milwaukee, WI United States  2 Name of governmental entity or state agency that is a party to the contract five being filed.  City of McAllen  3 Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the 106-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State	or which the form is  Description of the contract.  Country (place of business)	CERTIFICATION Certificate Number: 2017-226345 Date Filed: 06/20/2017 Date Acknowledged ne contract, and pro  Nature of (check a)	N OF FILING
of husiness.  Professional Account Management, LLC Milwaukee, WI United States  2 Name of governmental entity or state agency that is a party to the contract f being filed.  City of McAllen  3 Provide the Identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the 06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State	or which the form is  D  tgency to track or identify the contract.	2017-226345 Date Filed: D6/20/2017 Date Acknowledged ne contract, and pro  Nature o (check a)	: ovide a of interest
Milwaukee, WI United States  2 Name of governmental entity or state agency that is a party to the contract f being filed.  City of McAllen  3 Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the 06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State	or which the form is  D  tgency to track or identify the contract.	Date Filed: 06/20/2017 Date Acknowledged ne contract, and pro Nature o	ovide a
2 Name of governmental entity or state agency that is a party to the contract f being filed.  City of McAllen  3 Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the 06-17-S39-01  THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party  City, State	or which the form is  D  tgency to track or identify the contract.	D6/20/2017 Date Acknowledged The contract, and pro Nature of (check a)	ovide a
City of McAllen  3 Provide the identification number used by the governmental entity or state a description of the services, goods, or other property to be provided under the 06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  4 Name of Interested Party City, State	egency to track or identify the contract.	ne contract, and pro  Nature o	ovide a
description of the services, goods, or other property to be provided under the 06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITATIONS  Name of Interested Party  City, State	ne contract. ., Country (place of business	Nature o	of interest
Name of Interested Party City, State		s) (check a	· ·
Harde IC. in	Reach CA United States		~~:I=UU(C)
I Intelle I Condin	Reach CA United States		Intermediary
Hatch, Kevin Hermosa	r beach, CA officer States	X	
Bott, Gregg Milwauke	ee, WI United States	Х	
McBrayer, Nathan Milwauke	ee, WI United States	Х	
Kennedy, James Milwauke	e, WI United States	X	
Warwick, Robb Hermosa	Beach, CA United States	X	
Young, Rob Hermosa	Beach, CA United States	х	
Wendler, Tim Milwauke	e, WI United States	×	<del></del>
Ouncan Solutions, Inc. Milwauker	e, WI United States	x	
Check only if there is NO Interested Party.		· · · · · · · · · · · · · · · · · · ·	
NOTAR, JUNE	f authorized agent of contraction, this the _201	ing business entity	
Signature of officer administering oath  Printed name of officer administer	Complice	ance Overdinate forficer administering	, 7/2 g oath

FORM **1295** 

					T 01 T	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1				ficate Number:		
	of business. Professional Account Management, LLC		2017	7-226345		
	Milwaukee, WI United States		Date	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	06/20	06/20/2017		
	being filed. City of McAllen			Date Acknowledged: 06/21/2017		
					vido o	
3	description of the services, goods, or other property to be provi	ded under the contract.	me co	outract and bro	vide a	
	06-17-S39-01 THIRD PARTY COLLECTIONS AGENCY - PARKING CITAT	TIONS				
4		1		Nature of interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	ss) (check applicable)		
				Controlling	Intermediary	
Ha	atch, Kevin	Hermosa Beach, CA United Stat	es	X		
В	ott, Gregg	Milwaukee, WI United States		Х		
M	cBrayer, Nathan	Milwaukee, WI United States		Х		
Kennedy, James		Milwaukee, WI United States		X		
Warwick, Robb		Hermosa Beach, CA United State	es	X		
Young, Rob		Hermosa Beach, CA United State	es	X		
W	endler, Tim	Milwaukee, WI United States		X		
D١	ıncan Solutions, Inc.	Milwaukee, WI United States		X		
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.	
Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Cignoture of officer administrator and Drinted	officer administering oath Ti	itle of a	officer administeri	ng ooth	
	Signature of officer administering oath Printed name of	oncer autimistering oaut 11	ide OF C	meer aunimisten	ny vali	

Ack 1295 4/23/17 25

	CERTIFICATE OF INTERESTED PARTIES			FORM <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 USI		
1	Name of business entity filing form, and the city, state and count of business.  Odessa Pumps and Equipment Pharr, TX United States	try of the business entity's place	2017	ificate Number: 7-227187 Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.     city of mcallen			06/21/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid project# 06-17-p48-01 pump and electric motor distributor	ty or state agency to track or identif led under the contract.	y the c	ontract, and pro	vide a	
4					f interest	
•	Name of Interested Party	City, State, Country (place of busin	iess)	(check as Controlling	pplicable) Intermediary	
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT 1 swear, or a	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of con	tracting	business entity		
Sworn to and subscribed before me, by the said <u>Seronimo OChoo</u> , this the <u>23vd</u> day of <u>June</u> , 20 17, to certify which, witness my hand and seal of office.					lune.	
	John Tono M	handraid h	سدس	7511		
		ficer administering oath	itle of o	officer administerir	ng oath	
or	ms provided by Texas Ethics Commission www.ethi	cs.state.tx.us		Vei	rsion V1.0.883	

FORM **1295** 

╚						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:			
	Odessa Pumps and Equipment			201.	7-227187		
	Pharr, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is being filed.	a party to t	he contract for which the form is	06/2	06/21/2017		
	city of mcallen				Date Acknowledged: 06/23/2017		
3	description of the services, goods, or other property	governmental entity or state agency to track or identify the contract, and provide a perty to be provided under the contract.					
	project# 06-17-p48-01 pump and electric motor distributor						
4					Nature o	f interest	
	Name of Interested Party		City, State, Country (place of busin	ness)			
_					Controlling	Intermediary	
			,				
	-						
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.	
			Signature of authorized agent of con	tracting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE		-		•		
	Sugar to and subscribed before me, but he said		Albin Alon		dan et		
	Sworn to and subscribed before me, by the said		, vits trie		day of	,	
	Signature of officer administering cath	tod name of	officer administrator cath 7	itle et :	ffions od-in-in-in-in-in-in-in-in-in-in-in-in-in-	no o oth	
	Signature of officer administering oath Print	eu name of e	officer administering oath T	ine ot o	fficer administeri	ng oatn	

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		The second of the	OFFICE USE ONLY CERTIFICATION OF FILING		
of business.  American Ramp Company Joplin, MO 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: 2017-228610 Date Filed:		
			06/26/2017  Date Acknowledged:		
Provide the identification number used by the government description of the services, goods, or other property to 06-17-P35-01 Design, Manufacture and Installation of Skate Park	o be provided under the contract.	y the con	tract, and pro	ovide a	
4 Name of Interested Party	City, State, Country (place of busin		AND THE PROPERTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY O	of interest pplicable) Intermediary	
James , Moss	Webb City, MO United States	Bergieser Ger	ζ.		
Hunter, Jonathon	Webb City, MO United States		<		
Bemo, Nathan	Webb City, MO United States	<b>)</b>	<b>(</b>		
Jones, Robb	Joplin, MO United States			X	
Ogden, Heather	Joplin, MO United States			×	
5 Check only if there is NO Interested Party.	$\Lambda$				
6 AFFIDANT HILTON	I sweat or affirm, under penalty of perjury, that the	above dis	sclosure is true	and correct.	
NOTHING SELL SELL SELL SELL SELL SELL SELL SEL	Signature of authorized agent of cont	∕	Icinaes antily		
AFFIX OF THE COSTANT SEAL ABOVE		adaing de			
- ANTHONIO	ther L. Daden, this the _	<u> 24</u> H		ure,	
Signature of officer seministoring oath Printe	d name of officer administering oath Ti	Uota itle of offic	ru Kuk ekaliministeri	<u>のだこ</u> ng oath	

FORM **1295** 

			1011	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	Certificate Number: 2017-228610			
American Ramp Company		Date Filed:		
Joplin, MO United States  2 Name of governmental entity or state agency that is a party to t	he contract for which the form is	06/26/2017		
being filed.	Date Acknowledged:			
City of McAllen	06/26/2017	1.		
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	tity or state agency to track or identify ided under the contract.	the contract, and pr	ovide a	
06-17-P35-01 Design, Manufacture and Installation of Skate Park Equipme	ent			
4		Nature of interest		
Name of Interested Party	City, State, Country (place of busin		applicable) Intermediary	
1 Mana	Webb City, MO United States	Controlling	Intermediary	
James , Moss	Webb ony, we office states			
Hunter, Jonathon	Webb City, MO United States	X		
Bemo, Nathan	Webb City, MO United States	X		
Jones, Robb	Joplin, MO United States		Х	
Ogden, Heather	Joplin, MO United States		Х	
5 Check only if there is NO Interested Party.				
6 AFFIDAVIT I swear, o	r affirm, under penalty of perjury, that the	above disclosure is tr	ue and correct.	
	Signature of authorized agent of con	tracting business entit	v	
		<u> </u>		
AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said	, this the	day of	1	
20, to certify which, witness my hand and seal of office.				
Signature of officer administering oath Printed name o	f officer administering oath	Fitle of officer administ	ering oath	

FORM 1295

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Business of the few sections of the few sections and the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few sections of the few secti	The second			:	1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEI	OFFICE USE ONLY CERTIFICATION OF FILING		
Name of business entity filing form, and the city, state and country of the business entity's place of business.  American Ramp Company Joplin, MO United States			Certificate Number: 2017-228618  Date Filed:			
Name of governmental entity or state agency that is a party to the contract for which the form is being filed.     City of McAllen			06/26/2017  Date Acknowledged:			
Provide the identification number used by the description of the services, goods, or other posterior of the services. Provided the services of the posterior of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the services of the service	property to be provi	ded under the contract.	the co	ontract, and pro	vide a	
4 Name of Interested Party		City, State, Country (place of busin	ess)	(check a	f interest oplicable)	
Moss, James		Webb City, MO United States		Controlling X	Intermediary	
Hunter, Jonathon		Webb City, MO United States		X		
Bemo, Nathan		Webb City, MO United States		×		
Jones, Robb		Joplin, MO United States			×	
Ogden, Heather		Joplin, MO United States			X	
5 Check only if there is NO Interested Party.						
6 AFFIDAVIT  I sweat or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity  AFFI NO TARY STIMULO BALABOVE						
Sworn to all the tree ore me, by the said Heather Logden, this the 26th day of June, 20 1, to certify which, witness my hand and seal of office.					<u>ne., , , , , , , , , , , , , , , , , , , </u>	
Signature of officer administering oath  Printed name of officer administering oath  Notary Publicer administering oath  Title of officer administering			ng oath			

	CERTIFICATE OF INTERESTED PAR	RTIES		FOR	м 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-228618		
	American Ramp Company Joplin, MO United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	06/26	6/2017		
	City of McAllen Date			Acknowledged: 6/2017		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov06-17-P36-01  Houston Skateboard Park - Design, Build and Installation or	rided under the contract.	the co	ontract, and pro	vide a	
_		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place of busin				
				Controlling	Intermediary	
М	oss, James	Webb City, MO United States		Х		
Н	unter, Jonathon	Webb City, MO United States		X		
В	emo, Nathan	Webb City, MO United States	l States X			
Jones, Robb		Joplin, MO United States	·		X	
Ogden, Heather		Joplin, MO United States	$\Box$		Х	
5	Check only if there is NO Interested Party.					
J	Check only if there is no interested tarty.					
6	AFFIDAVIT I swear, o	r affirm, under penalty of perjury, that the	: above	disclosure is true	e and correct.	
		Signature of authorized agent of con	tracting	hueingee antity		
		Signature of authorized agent of con	li acting	Dusiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
Sworn to and subscribed before me, by the said, this the, this the, to certify which, witness my hand and seal of office.			day of	<b>,</b>		
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath				ng oath	

FORM **1295** 

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USI	
1	Name of business entity filing form, and the city, state and country of the business entity's pla	ace		icate Number:	
	of business.			-215447	
	HD Supply Waterworks, Ltd.				
	McAllen, TX United States			Filed: 0/2017	
2	Name of governmental entity or state agency that is a party to the contract for which the form being filed.	1 is	UDISC	JIZU11	
	City of McAllen TX		Date .	Acknowledged:	:
3	Provide the identification number used by the governmental entity or state agency to track or description of the services, goods, or other property to be provided under the contract.	r identify	the co	ontract, and pro	vide a
	Project No. 04-17-SP04-218				
	WATER PRODUCTS - MPU				
				Mature o	f interest
4	Name of Interested Party City, State, Country (place of	of busine	ess)		pplicable)
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			Controlling	Intermediary
		4.44			ĺ
	· -				
	~~~!\!EN				
	CITY OF MCALLEN				
	CITA OL MICATTELA				
	JUN 28 2017				
	Purchasing & Contracting				
	By.				
5	Check only if there is NO Interested Party.				
6					
U	AFFIDAVIT I swear, or affirm, under penalty of perjury,	, that the	above	disclosure is tru	e and correct.
	ROSA E. COSS Notary Public, State of Toxas ID# 12430155-8 My Commission Expires 08-13-2018 Signature of authorized ager	ent of conti	racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	s the	<i>3</i> 0	th day of	lay.
	Rosa E Coss Signature of officer administering oath Printed name of officer administering oath	≬ Ti	Stle of o	Have Pu officer ädminister	blic ing 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 parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
1	. Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-215447		
	HD Supply Waterworks, Ltd.		2011			
	McAllen, TX United States		Date Fi	led:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	05/30/:	2017		
_	being filed.					
	City of McAllen TX		Date A: 06/27/2	cknowledged: 2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.			vide a	
	Project No. 04-17-SP04-218					
	WATER PRODUCTS - MPU					
_				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busine	´	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.		, .I			
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above d	isclosure is true	and correct.	
	,					
		Signature of authorized agent of cont	racung C	iusiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itie of off	icer administeri	ng oatn	

FORM 1295

				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE U CERTIFICATIO	ISE ONLY ON OF FILING	
1	Name of business entity filing form, and the city, state and country of business. Ferguson Waterworks Mission, TX United States	· ·	Certificate Numbe 2017-215881 Date Filed:	er:	
2	Name of governmental entity or state agency that is a party to the cobeing filed. THE CITY OF MCALLEN / MCALLEN PUBLIC UTILITY	contract for which the form is	05/31/2017 Date Acknowledge	ed:	
3					
4	Name of Interested Party C	City, State, Country (place of busine		e of interest k applicable)	
			Controlling) Intermedialy	
		.			
5	Check only if there is NO Interested Party.	<u> </u>			
	AFFIDANT	<u> </u>			
b	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. ROBERTO OLVERA Notary Public State of Texas ID# 13049862-9 My Commission Expires 01 15-2020 AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	Overya II , this the	31 s t day of _	May.	
	Signature of officer administering oath Printed name of office	icer administering oath Titl	BCM/CF tle of officer administ	B tering oath	

FORM **1295**

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-215881		
	Ferguson Waterworks		2017	210001	
	Mission, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	05/31	L/2017	
	being filed.		D-+-	A olen ovedo deservi	
	THE CITY OF MCALLEN / MCALLEN PUBLIC UTILITY			Acknowledged: 7/2017	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	PROJECT No. 04-17-SP04-218				
	WATER PRODUCTS - MPU				
,	1		-	Nature of	finterest
4	Name of Interested Party	City, State, Country (place of busine	ess) [(check ap	plicable)
				Controlling	Intermediary
	·				
					:
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.
		Signature of authorized agent of contr	racting	business entity	
		g 2			
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	,
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tie of o	officer administeri	ng oath
	-				

FORM 1295

					T 01 T
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 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	3	ficate Number: 7-231413	-
	Mark III				
_	Houston, TX United States		i i	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	U0/3	0/2017	
	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	tity or state agency to track or identify ided under the contract.	the c	ontract, and pro	vide a
	DIR-SDD-2108 PROJECT NO. 06-17-P40-01 PURCHASE OF IBM COPLIN #DIR-SDD-2108	K SOFTWARE FOR THE TTIC THE	ROUG	H TEXAS DIR (CONTRACT
4				Nature of	interest
-	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
	A A Maria Control of the Control of		 -		
-					
-					
			1		
					·
5	Check only if there is NO Interested Party.	I		<u></u>	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	/				
		-6/	7		<u> </u>
		Signature of authorized agent of conf	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
Sworn to and subscribed before me, by the said APEGORY A. ZURNICH , this the 30 day of Henre , 20 / L, to certify which, witness my hand and seal of office!				ne .	
	20/, to certify which, witness my hand and seak of office.		and the state		
	4	JULEY PUSTS	i Nota	HELEN E BOLE ry Public, State a	18 1
	M 4h.	129.00.0	Com	ım, Expires 09-17	7-2019
		BOLE MORNING	NOT	Alary ID 63802	
	Signature of officer administering oath Printed name of	officer administering oath	ile of o	incer administerir	ig oaur

FORM **1295**

					1 01 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1				Certificate Number: 2017-231413		
	Mark III Houston, TX United States			Filed:	:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	06/30	0/2017		
	City of McAllen			Acknowledged: 0/2017		
3	description of the services, goods, or other property to be provide	y or state agency to track or identify ed under the contract.	the co	ontract, and pro	vide a	
	DIR-SDD-2108 PROJECT NO. 06-17-P40-01 PURCHASE OF IBM COPLINK #DIR-SDD-2108	SOFTWARE FOR THE TTIC THR	OUGI	H TEXAS DIR (CONTRACT	
4					f interest	
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
		, , · · · · · · · · · · · · · · · · · ·				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the	above	disclosure is true	and correct.	
		Signature of authorized agent of contr	racting	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
	Signature of officer administering oath Printed name of of	fficer administering oath Ti	tle of c	officer administeri	ng oath	

FORM 1295

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	1	Certificate Number: 2017-214326		
	4Avacation Inc. Eden Swimming Pools and Landscaping	,	201	-21-1020	!	
	McAllen, TX United States	,	1	Filed:	ļ	
2		he contract for which the form is	05/25	5/2017	ļ	
	being filed. City of McAllen		Date .	Acknowledged:		
3	description of the services, goods, or other property to be provi		the co	ontract, and pro	vide a	
	05-17-c25-648 Fountain Repair					
4		T		Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)	
				Controlling	Intermediary	
М	lyers, Christopher	McAllen, TX United States		х		
	(EERSTEIN)					
				-		
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or	r affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.	
	CHRISTOPER M. MYERS Notary Public STATE OF TEXAS My Comm. Exp. January 12, 2019 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	<i>1.</i>		£		
	Sworn to and subscribed before me, by the said	2 Mucius this the	25 p	L day of M	lay.	
	Signature of officer administering oath Printed name of	Myrr officer administering oath Ti	P. State	epolement		
	Signature of officer administering oath Printed name of	omcer administering oath	tie or o	officer administerir	ng oatn	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1. OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-214326 4Avacation Inc. Eden Swimming Pools and Landscaping Date Filed: McAllen, TX United States 05/25/2017 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 06/30/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 05-17-c25-648 Fountain Repair Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary McAllen, TX United States Х Myers, Christopher 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE ___, this the _____ day of ____ Sworn to and subscribed before me, by the said ___ 20_____, to certify which, witness my hand and seal of office. Printed name of officer administering oath Title of officer administering oath Signature of officer administering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-211497 Rigney Construction, LLC Date Filed: Edinburg, TX United States 05/22/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 05-17-C22-479 Bicentennial H/B Ped. Bridge Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathsf{x}|$ HINDA RONNI 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. John Rigney President Signature of authorized agent of contracting business entity AFFIX NOTARY William III John Rigney , this the day of Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office. Notary Public Rosalinda Rodriguez Printed name of officer administering oath Title of officer administering oath Signature of officer administering dath

FORM **1295**

L of 1.

					TOLE	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			1	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	1	cate Number: 211497		
	Rigney Construction, LLC		ĺ			
	Edinburg, TX United States		Date Fi			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	05/22/	2017		
	City of McAllen		Date A: 06/30/2	cknowledged: 2017		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the con	ntract, and prov	ride a	
	05-17-C22-479					
	Bicentennial H/B Ped. Bridge					
4				Nature of		
•	Name of Interested Party	City, State, Country (place of busin	` ⊢	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.		I			
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above d	lisclosure is true	and correct.	
		•				
	<u></u>					
		Signature of authorized agent of con	uacung t	ousiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of		
	20, to certify which, witness my hand and seal of office.					
				,		
	Signature of officer administering oath Printed name of	officer administering oath T	itle of of	ficer administeri	ng oatn	

FORM 1295

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	1	Certificate Number: 2017-231423		
	Mark III Houston, TX United States			Filed: 0/2017		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		Acknowledged:		
	City of McAllen					
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identi ded under the contract.	y the c	ontract, and pro	vide a	
	DIR-SDD-2108 PROJECT NO. 06-17-P39-01 PURCHASE OF IBM SOFTWA THE TTIC THROUGH TEXAS DIR CONTRACT #DIR-SDD-2		K SOF	TWARE (TTIC	-DIR) FOR	
4	Name of Interested Party	City, State, Country (place of busi	ness)	1	f interest oplicable)	
	wante of interested Paity	City, State, Country (place of busi	iiess;	Controlling	Intermediary	
				·		
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T						
5	Check only if there is NO Interested Party.			J	1	
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	e abov	e disclosure is tru	e and correct.	
		0				
				### *		
		Signature of authorized agent of co	ntractin	g business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said <u>REGORY</u> 20 17 , to certify which, witness my hand and seal of office.	A. ZGANICH, this the	<u>30</u>	day of	'NE	
		(r	animute,	LICIEN	V E BOLE	
	Mar & Burn Clare	e Rais		a Notary Public	c, State of Texas res 09-17-2019	
	Signature of officer administering oath Printed name of	officer administering oath	THURST	officer administer	D 6380203 ring cath	

FORM **1295**

				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filling form, and the city, state and country of business. Mark III	ry of the business entity's place	Certificate Numbe 2017-231423	r:	
2	Houston, 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: 06/30/2017		
-	being filed. City of McAllen	-	Date Acknowledg 06/30/2017	ed:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided DIR-SDD-2108		the contract, and p	orovide a	
	PROJECT NO. 06-17-P39-01 PURCHASE OF IBM SOFTWAI THE TTIC THROUGH TEXAS DIR CONTRACT #DIR-SDD-21	RE, IBM 12 ANALYST NOTEBOOK 1.08	SOFTWARE (TT	IC - DIR) FOR	
4	Name of Interested Party	City, State, Country (place of busine	ess) (check	e of interest (applicable)	
			Controlling	Intermediary	
		4-2-4-4			
_					
_					
5	Check only if there is NO Interested Party.			•	
6	AFFIDAVIT I swear, or a	offirm, under penalty of perjury, that the	above disclosure is	true and correct.	
		Circulture	vooting to the		
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of contr	racing business ent	ııy	
	Sworn to and subscribed before me, by the said	, this the	day of		
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of o	fficer administering oath Ti	tle of officer adminis	tering oath	

Г					
	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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.		CE	OFFICE USI	
	Name of business entity filing form, and the city, state and coun of business. Insight Public Sector, Inc.	try of the business entity's place		ficate Number: 7-232267	
l	Tempe, AZ United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	•	5/2017	
	being filed, City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti	its or ctate anomals to track as identifi-	450.0		at de la
ľ	description of the services, goods, or other property to be provide	ded under the contract.	me co	ontract, and pro	vide a
	0617P4301 DIR TSO 2542				
	network switch upgrade, information technology				
L				Nature o	Interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
ļ.,				Controlling	Intermediary
			l		
\vdash		****			
-			\dashv		
_					
5	Check only if there is NO Interested Party.				
6	ACCIDANT			-M	
	SHERRI L WEST Notary Public – Arizona Maricopa County My Comm. Expires Jun 25, 2021 Signature of authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Lisanne 5 20 17, to certify which, witness my hand and seal of office.	Heinheiser, this the _5	'th	day ofd	<u>.ly</u> .
	Show tont Sheri, L	West Not	- arc	, Public	2
(Signature of officer administering oath Printed name of of	fficer administering oath Titl	e of of	ficer administerin	g oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1.	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ficate Number: -232267	
•	Insight Public Sector, Inc. Tempe, AZ United States		Date I	Filed: 5/2017	
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	Date /	Acknowledged: 5/2017	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 0617P4301 DIR TSO 2542 network switch upgrade, information technology		the co		
4	- Aller - All Pauls	Str. Christ. Country (place of hugins			f interest
	Name of Interested Party	City, State, Country (place of busine	ess) [Controlling	oplicable) Intermediary
				Controlling	intermediary
					-
				······································	
		,			
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above i	disclosure is true	e and correct.
		Signature of authorized agent of contr	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	r
	Signature of officer administering oath Printed name of	officer administering oath Ti	itle of o	fficer administeri	ng eath
	Signature of officer administering oath Finited frame of	Unicer administering date	iie oi o	incer administeri	ng oan

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ſ	CERTIFICATE OF INTERESTED PAR	F	FORM 129 5				
			•	1 of 1			
	Complete Nos, 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties,			JSE ONLY ON OF FILING			
1	Name of business entity filing form, and the city, state and cour of business. Insight Direct USA, Inc.	ntry of the business entity's place	Certificate Number: 2017-232071				
2	Tempe, AZ United States Name of governmental entity or state agency that is a party to the being filed. City of McAllen	he contract for which the form is	Date Filed: 07/05/2017 Date Acknowledged;				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 0617P4201TTIC TAG DIR TS0 2542 information technology	ilty or state agency to track or identify ded under the contract.	the contract, and	provide a			
4	Name of Interested Party	City, State, Country (place of busin		e of interest k applicable) g Intermediary			
5	Check only if there is NO Interested Party.		<u> </u>				
	LX.						
2	Shewi And Sherri Signature of office), administering oath Printed name of o	L. West Me officer administering oath Ti	otary Pub itle of officer adminis	Li C Lering oath			

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 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.		4	OFFICE USE		
1.	Name of business entity filing form, and the city, state and coun of business. Insight Direct USA, Inc. Tempe, AZ United States	itry of the business entity's place		icate Number: 232071 Filed:	·	
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	ne contract for which the form is	Date A	07/05/2017 Date Acknowledged: 07/05/2017		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 17P4201TTIC TAG DIR TS0 2542 information technology	ity or state agency to track or identify ided under the contract.	the co	ntract, and prov	vide a	
4					finterest	
Ì	Name of Interested Party	City, State, Country (place of busine	ess) -	(check ap	plicable) Intermediary	
 				Controlling	Intermediary	
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					· · · · · · · · · · · · · · · · · · ·	
					 I	
						
5	Check only if there is NO Interested Party.		L		····	
Ĺ	X					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above o	lisclosure is true	and correct.	
		Signature of authorized agent of conti	racting.	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the		day of	1	
	Signature of officer administering oath Printed name of	officer administering oath Ti	itle of of	fficer administeri	ing oath	
	Signature of offices administering oath Printed harte or	omeer administering date	ilic oi oi	nees administers	ng oaan	

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	CERTIFICATE OF INTERESTED	PARTIES		FO	RM 1295
F	THE PARTY OF THE 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 parties.	arties.		OFFICE US	
-	-			RTIFICATION	N OF FILING
-	Name of business entity filing form, and the city, state of business.	and country of the business entity's place		ificate Number: 7-233000	
1	TCI Roofing & Construction, Inc.		201	7-233000	
ļ	Mission, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a p	party to the contract for which the form is	07/0	6/2017	
1	being filed.				
	City of McAllen		Date	Acknowledged	1
3	Provide the identification number used by the governm description of the services, goods, or other property to 06-174-C26-295 McAllen City Hall Re-Roof (Re-Bid)	ental entity or state agency to track or identify be provided under the contract.	/ the c	ontract, and pro	vide a
<u> </u>				r	
4	Name of Interested Party	City, State, Country (place of busin	ecel	Nature o (check a)	f interest
	The state of the s	Sity, State, Country (place of busin	caaj	Controlling	Intermediary
5.44	CALLEN CITY HALL RE-ROOFING (RE-BID)	MCALLEN, TX United States		X	nitermethary
	STEEL OF THE RETURN (RE-BID)	MOALLEN, TA United States		^	
		7.00AM			
					""
	100				<u> </u>
j (Check only if there is NO Interested Party.				
i	FFIDAVIT I su	wear, or affirm, under penalty of perjuty, that the a	hove o	disclosura is trua	and correct
	JOSE GUADALUPE GONZALEZ JR Notary Public, State of Texas My Commission Expires April 18, 2018	Signature of authorized agent of control	<u>.</u>		———
A	FFIX NOTARY STAMP / SEAL ABOVE	V	1		
	worn to and subscribed before me, by the said O17, to certify which, witness my hand and seal of or	/ 6 Sol7 5 , this the	- fh	day of	<u>u</u>
	1 to X	D	Lł.	. 1	
_		ame of officer administering oath Title	DLC e of off	<u> </u>	ı oath
rm	s provided by Texas Ethics Commission w	ww.ethics.state.tx.us		Vers	ion V1.0.883

FORM 1295

							7.01.7	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, of business.	, state and coun	try of the business entity		Certificate Number: 2017-233000			
	TCI Roofing & Construction, Inc.							
	Mission, TX United States				Date Fi			
2	Name of governmental entity or state agency that being filed.	at is a party to th	ie contract for which the	form is	07/06/:	2017		
	City of McAllen				Date Acknowledged: 07/07/2017			
3	Provide the identification number used by the go description of the services, goods, or other prop	overnmental ent erty to be provi	ity or state agency to tra ded under the contract.	ck or identify i	the con	ntract, and pro	vide a	
	06-174-C26-295 McAllen City Hall Re-Roof (Re-Bid)							
4							f interest	
	Name of Interested Party		City, State, Country (p.	lace of busine		i	oplicable)	
						Controlling	Intermediary	
M	CALLEN CITY HALL RE-ROOFING (RE-BID)		MCALLEN, TX Unite	ed States		X		
								
			W- WITH 1					
5	Check only if there is NO Interested Party.							
6	AFFIDAVIT	l swear, or	affirm, under penalty of pe	rjury, that the a	bave di	isclosure is true	e and correct.	
			Signature of authorized	agent of contra	acting b	usiness entity		
	AFFIX NOTARY STAMP / SEAL ABOVE			•				
	Sworn to and subscribed before me, by the said			, this the		day of	1	
	20, to certify which, witness my hand and s	seal of office.						
	Signature of officer administering oath	Printed name of o	officer administering oath	Titl	e of offic	cer administeri	ng oath	

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-232452 Dell Marketing, L.P. Round Rock, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 07/05/2017 being filed. McAllen Police Dept Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-17-P47-01 PURCHASE OF SIX (6) DELL POWEREDGE SERVERS WITH SELECTED OPTIONS FOR THE POLICE DEPARTMENT. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Round Rock, TX United States Dell, Michael Х 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. DAVID A. WIGINGTON ID #12899877-1 Commission Expires May 22, 2020 nature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 20 / 7, to certify which, witness my hand and seal of office.

Signature of officer at prinistering oath

Printed name of officer administering oath

Title of officer administering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-232452 Dell Marketing, L.P. Round Rock, TX United States Date Filed: 07/05/2017 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. McAllen Police Dept Date Acknowledged: 07/06/2017 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-17-P47-01 PURCHASE OF SIX (6) DELL POWEREDGE SERVERS WITH SELECTED OPTIONS FOR THE POLICE DEPARTMENT. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Dell, Michael Round Rock, TX United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____ __, this the _____ day of ____ 20_____, to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

1295 Ack 1/7/17 185

	TIFICATE OF INTERESTED PAR	TIES		FOF	м 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US		
	Name of business entity filing form, and the city, state and coun of business. Dell Marketing L.P. Round Rock, TX United States	ntry of the business entity's place	Certificate Number: 2017-233408			
152	2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen			Date Filed: 07/07/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 17-P41-01 PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS	ded under the contract,				
4	Name of Interested Party	City, State, Country (place of busine	ess)		f interest pplicable) Intermediary	
С	ell, Michael	Round Rock, TX United States		х		
F						
-				411		
-						
-				:		
		** ***********************************				
	Check only if there is NO Interested Party.					
0	DAVID A. WIGINGTON ID #12899877-1 My Commission Expires May 22, 2020	affirm, under penalty of perjury, that the a			and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	/		day of T	lej,	
	Lawro A DAN 70 1	4 Wife NGITON)	N,	5TAPU		
	Signature of officer administering oath Printed name of o	officer administering oath Tit	le of o	officer administeri	ng oath	

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEF	OFFICE USE ONLY CERTIFICATION OF FILING				
1	of business. Dell Marketing L.P.				Certificate Number: 2017-233408 Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		7/2017			
	City of McAllen		Date Acknowledged: 07/07/2017				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 06-17-P41-01 PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS V	ded under the contract,					
	PURCHASE OF FOUR (4) DELL POWEREDGE SERVERS (WITH OPTIONS FOR THE POLICE	DEF		f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check aş Controlling	k applicable) g Intermediary		
De	ell, Michael	Round Rock, TX United States		X			
5	Check only if there is NO Interested Party.	1					
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
		Signature of authorized agent of cont	racting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath							

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-236968 Kinloch Equipment & Supply, Inc. Pasadena, TX United States Date Filed: Name of governmental antity or state agency that is a party to the contract for which the form is 07/14/2017 being filed. City of Mc Allen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract, Debris Body for Vactor Truck Nature of Interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary

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			· · · · · · · · · · · · · · · · · · ·
6 Check only if there is NO Interested Party.	X		

AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



BRENDA KAY GUIDRY My Commission Expires November 9, 2019

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

in lock, this the 14 1/4 Sworn to and subscribed before me, by the said 104d

, to certify which, witness my hand and seal of office.

FORM **1295**

				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Kinloch Equipment & Supply, Inc Pasadena, TX United States			r:	
2	Name of governmental entity or state agency that is a party to t being filed. City of Mc Allen	07/14/2017 Date Acknowledged: 07/16/2017			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 515-16 Debris Body for Vactor Truck		/ the contract, and p	rovide a	
4	Name of Interested Party	City, State, Country (place of busin		e of interest applicable) Intermediary	
				·	
5	Check only if there is NO Interested Party.				
6	AFFINALOT	r affirm, under penalty of perjury, that the	above disclosure is t	rue and correct.	
	AFFIX NOTARY STAMP / SEAL ABOVE	Signature of authorized agent of con	tracting business end	ıy	
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office.	, this the	day of		
	Signature of officer administering oath Printed name of	f officer administering oath T	itle of officer administ	ering oath	

٩R	TIES	Ac	*		T 295
cour	ntry of the business entity's place	Cert	RTIF	CATIOI Number:	E ONLY N OF FILING
to ti	ne contract for which the form is	07/1	Filed: 8/201 Ackno		:
ent rovi	ity or state agency to track or identify ded under the contract.	the c	ontrac	t, and pro	vide a
ins	ulation City, State, Country (place of busine	ace)			of interest
	only outer country (place of basin	,	Con	trolling	Intermediary
		1			
OF &	affirm, under penalty of perjury, that the a	above	disclos	ure is true	and correct.
	Signature of authorized agent of contra	acting	busine	ss entity	

CERTIFICATE OF INTERESTED PARTIES		FOR	RM 1295
Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE US	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	RTIFICATION	
Name of business entity filing form, and the city, state and country of the business entity's profit of business. D and F Industries.inc	1	ificate Number: 7-238277	
Pharr, TX United States	Date	Filed:	
2 Name of governmental entity or state agency that is a party to the contract for which the form	n is 07/1	8/2017	
being filed. City of McAllen	Date	Acknowledged:	:
3 Provide the identification number used by the governmental entity or state agency to track of description of the services, goods, or other property to be provided under the contract. 03-17-S29-01 A/C work; strip old duct insulation off and install new duct insulation	r identify the c	ontract, and pro	vide a
		Nature o	f interest
Name of Interested Party City, State, Country (place	of business)		oplicable)
		Controlling	Intermediary
·			
5 Check only if there is NO Interested Party.			
X			
ROBERT ERIC AREVALO Notary Public STATE OF TEXAS Notary ID# 12903620-1 My Comm. Exp. 06-28-2020 Signature of authorized ager	1		and correct.
AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said KENNETH W. HAUSENFLUCK , this	the 174	day of 1	r, ly
20	uic <u>, , , , , , , , , , , , , , , , , , ,</u>	i day or _ y e	~
ROBERT E. AREVALO		NOTARY	
Signature of officer administering oath Printed name of officer administering oath		ficer administerin	ig 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 partie	ies.	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1				Certificate Number: 2017-238277			
	D and F Industries.Inc						
	Pharr, TX United States		1	Filed: 8/2017			
2	Name of governmental entity or state agency that is a par being filed.	ty to the contract for which the form is	0771	012011			
	City of McAllen		•	Acknowledged:			
			07/1	9/2017			
3	Provide the identification number used by the governmen description of the services, goods, or other property to be	ntal entity or state agency to track or identify e provided under the contract.	the c	ontract, and pro	vide a		
	03-17-S29-01						
	A/C work; strip old duct insulation off and install new du	uct insulation					
				Nature o	finterest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	plicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	AFFIDAVIT sw	vear, or affirm, under penalty of perjury, that the	above	disclosure is true	e and correct.		
		Signature of authorized agent of con	tuo etimo	a busings spilts			
		Signature of authorized agent of con	uacunţ	g business enaty			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of			
	20, to certify which, witness my hand and seal of offi						
	- -						
	Signature of officer administering oath Printed na	ame of officer administering oath	itle of	officer administeri	ng oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-228037 Ameritas Life Insurance Corp San Antonio, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 06/23/2017 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 2017 RFP Dental RFP Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. LUCILLE M. RUIZ NOTARY PUBLIC - STATE OF TEXAS COMM. EXP. 02-26-2020 ature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said to certify which, witness my hand and seal of office.

FORM 1295

					T OL T	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2017-228037		
	Ameritas Life Insurance Corp		2017	-220037		
	San Antonio, TX United States		Date I	Filed:		
2	Name of governmental entity or state agency that is a party to the	no contract for which the form is	1	3/2017		
_	being filed,	te contract for which the form is	00,20	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	City of McAllen			Acknowledged: 7/2017	:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide		the co	ontract, and pro	vide a	
	2017 RFP					
	Dental RFP					
4					of interest	
•	Name of Interested Party	City, State, Country (place of busine	ess)		pplicable)	
				Controlling	Intermediary	
			1			
			_			
5	Check only if there is NO Interested Party.					
_						
	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above (disclosure is true	e and correct.	
		Signature of authorized agent of cont	trooting	hucinoss entitu		
		Signature of authorized agent of cont	lacing	business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	this the		day of		
	20, to certify which, witness my hand and seal of office.	, uns the		day or		
	Signature of officer administering oath Printed name of o	officer administering oath Ti	itle of o	fficer administeri	ing oath	
	g	3			3	

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	lame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2017-239782		
	, R & S, LLCC					
2	Corpus Christi, TX United States Name of governmental entity or state agency that is a party to the	e contract for which the form in	8	Filed: 1/2017		
_	being filed.	e contract for which the folli 12				
	City of McAllen			Date Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and pro	vide a	
	06-17-IPQ43-02 Consulting services for parks and recreation					
4	Name of Interested Party	Nature of interest (check applicable)				
	wante of meresieu raity	City, State, Country (place of busine	ess)	Controlling	Intermediary	
G	avlik, Sally	Corpus Christi, TX United States		X	morrocalary	
_	#				-	
_						
		· · · · · · · · · · · · · · · · · · ·				
			-			
	.					
5	Check only if there is NO Interested Party.					
3	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	ADRIENNE FORBES Notary Public, State of Texas Comm. Expires 05-17-2021 Notary ID 131135252 Signature of authorized agent of contracting business entity					
AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said Sally (savik, this the 21st day of July, 2017, to certify which, witness my hand and seal of office) Advience Forbes Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath					

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-239782 P, R & S, LLCC Corpus Christi, TX United States Date Filed: 07/21/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: 07/21/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 06-17-IPO43-02 Consulting services for parks and recreation Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Corpus Christi, TX United States Х Gavlik, Sally 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE , this the _____ day of ____ Sworn to and subscribed before me, by the said 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

(CERTIFICATE OF INTERESTED PA		FORM 1295				
					1 of 1		
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USI			
O	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2017-240018			
	ahan Foundation & Contractors, LLC orpus Christi, TX United States			Date Filed:			
	me of governmental entity or state agency that is a party to the contract for which the form is ing filed.		07/24/2017				
C	ity of McAllen		Date Acknowledged:				
d O	rovide the identification number used by the governmental e escription of the services, goods, or other property to be pro 5-17-C24-264 Itain Distribution Frame (MDF) Room Renovation Liebert	ovided under the contract.	ty the c	ontract, and pro	vide a		
	Name of Interested Party	City, State, Country (place of business		Nature of interest (check applicable)			
				Controlling	Intermedia		
			-				
				<u> </u>			
					:		
~							
		<u> </u>					
C	neck only if there is NO Interested Party.						
Á	FFIDAVIT I swear,	or affirm, under penalty of perjury, that the	e above	disclosure is tru	e and correct.		
	AUBREY A Gil. Notary ID #126922972 My Commission Expires June 15, 2021	Signature of authorized agent of co		g business entity			
Α	FFIX NOTARY STAMP / SEAL ABOVE		, .		.		
	worn to and subscribed before me, by the said Hen. r	y Mahan this the	7/1	łk.	l t		

Printed name of officer administering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-240018 Mahan Foundation & Contractors, LLC Corpus Christi, TX United States Date Filed: 07/24/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 07/24/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Main Distribution Frame (MDF) Room Renovation Liebert Crac System Replacement Nature of interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ___ , this the day of 20 , to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	CERTIFICATE OF INTERESTED PART	TIES		FOR	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.		i	OFFICE USE RTIFICATION			
1	of business.	ıtry of the business entity's place	Certif	ficate Number: 7-220150			
	Argio Roofing & Construction, LLC Rio Hondo, TX United States	!		Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	06/07	7/2017			
_	City of McAllen			Date Acknowledged:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ided under the contract.	the co	intract, and pro-	vide a		
_	Project No. 06-17-C28-309 Quinta Mazatlán Re-Roofing		_				
4	Name of Indonesiad Davids	at a constitution of hunter			f interest		
	Name of Interested Party	City, State, Country (place of busine	355)	(check ap Controlling	pplicable) Intermediary		
 Ar	rgio Roofing & Construction, LLC	RIO HONDO, TX United States		X	Michigan		
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			\rightarrow				
			\dashv				
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5	Check only if there is NO Interested Party.						
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.		
	ANNABEL GARCIA E NOTARY PUBLIC	ANNABEL GARCIA E NOTARY PUBLIC E					
	Comm. Exp. 09/03/2018	Signature authorized agent of contr	authorized agent of contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE		N. 1 1.	A complete by the Control of Control	•		
	Sworn to and subscribed before me, by the said <u>KOGYYYO</u> E 20, to certify which, witness my hand and seal of office.	SCOVED, this the	3,100.22 **********************************	day of 💛	ne,		
The second second	Annabel Harria Annabel Gr	arcia <u>Not</u>		Part C			
· Wes	Signature of officer administering oath Printed name of o	officer administering oath Tit	le of o	fficer administerir	ng oath		

r m. j **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-220150 Argio Roofing & Construction, LLC Date Filed: Rio Hondo, TX United States 06/07/2017 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 07/24/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 06-17-C28-309 Quinta Mazatlán Re-Roofing Nature of interest 4 (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Χ RIO HONDO, TX United States Argio Roofing & Construction, LLC

					1
Check only if there is NO Interested Party.					
AFFIDAVIT	I swear, or	affirm, under pe	nalty of perjury, that the	above disclosure is	true and corre
	<u></u>	Signature of	authorized agent of cont	racting husiness en	titv
	····	Signature of	authorized agent of cont	racting business en	ntity
AFFIX NOTARY STAMP / SEAL ABOVE	,	Signature of	authorized agent of cont	racting business en	itity
	<u>,</u>				
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					
Sworn to and subscribed before me, by the said					

	CERTIFICATE OF INTERESTED PARTIES		FORM 1295			
Ŀ				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos, 1 , 2 , 3 , 5 , and 6 if there are no interested parties.		OFFICE U			
1	Name of business entity filing form, and the city, state and country of the business of business. Brenntag Southwest, Inc.	· · · · · · · · · · · · · · · · · · ·	Certificate Number: 2017-239832			
	Longview, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which being filed. City of McAllen		07/21/2017 Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-17-SP22-91					
	SUPPLY CONTRACT FOR THE PURCHASE OF LIQUID AMMONIUM SULFAT	E				
4	Name of Interested Party City, State, Country	City, State, Country (place of business) Nature of int (check applie				
			Controlling	Intermediary		
В	renntag North America, Inc. Reading, PA Uni	ted States	×			
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_						
		<u></u>				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT	f neriury that the abo	ove disclosure is tru	to and correct		
	KRISLA CADENHEAD NOTABY PUBLIC ID# 130800221 State of Texas Comm. Exp. 08-29-2020 Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE	. 16				
Sworn to and subscribed before me, by the said W. Thomas Usin 1997, this the 15th day of 20/17, to certify which, witness/my hand and seal of office.						
Le Risla Cadenhead Exec ASST/Note N						
	Signature of officer administering oath Printed name of officer administering oath	th Title	of officer administer	ing oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-239832 Brenntag Southwest, Inc. Longview, 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 07/21/2017 being filed. City of McAllen Date Acknowledged: 07/26/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-17-SP22-91 SUPPLY CONTRACT FOR THE PURCHASE OF LIQUID AMMONIUM SULFATE Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Brenntag North America, Inc. Reading, PA United States Χ 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

	CERTIFICATE OF INTERESTED PAR	(IIES		FOR	205 1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	E ONLY
1	Name of business entity filing form, and the city, state and cour of business. Artillery LLC. Ediphyra TY United States	ntry of the business entity's place	Certificate Number: 2017-236596		
2	Edinburg, TX United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City Of McAllen		Date Filed: 07/13/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov 07-17-C33-258 Concrete Sidewalks, Handicap Ramps, Retaining Wall and	rided under the contract.	fy the c	ontract, and pro	vide a
4	Name of interested Party	City, State, Country (place of busi	ness)	1	f interest pplicable) Intermediar
Cit	y of McAllen	McAllen, TX United States		X	
<u>.</u>	· · · · · · · · · · · · · · · · · · ·				
	·			<u> </u>	
_	Check only if there is NO Interested Dorth				
	Check only if there is NO Interested Party.	· · · · · · · · · · · · · · · · · · ·			
0	Jose L Borjas My Commission Expires 05/24/2020 ID No. 129004708 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correction of the contracting business entity				
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	$\frac{3}{5}$ $\frac{5}{5}$ $\frac{5}{5}$, this the	14	th day of	Tuly.
ļ	Signature of officer admiristering oath Printed name of	J, BOFIAS (SK) forficer administering oath	1	lotary	ing oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-236596 Artillery LLC. Edinburg, TX United States Date Filed: 07/13/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City Of McAllen 07/27/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Concrete Sidewalks, Handicap Ramps, Retaining Wall and Driveways. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _ ___, this the _____ day of _ 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

_			A.,	7/26/17 1	<5	
	CERTIFICATE OF INTERESTED PAR	TIES		FOR	1295	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Mahan Foundation & Contractors, LLC			rtificate Number: 17-240087 te Filed:		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	ne contract for which the form is		07/24/2017 Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 06-17-C29-295 Re-Roof - (CDBG) EXECUTIVE ORDER 11246	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
4	Name of Interested Party	City, State, Country (place of busine	oce)		f interest oplicable)	
	Name of intelested Faity	City, State, Coulity (place of busine	ess)	Controlling	Intermediary	
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	,	RECEIVED				
		CITY OF MOALLEN				
		JUL 26 2017		,,,,,		
		Purchasing & Contractin	<u>iğ</u>			
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT swear, or	affirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
	AUBREY A GIL Notary ID #126922972 My Commission Expires June 15, 2021	Signature of Authorized agent of contr				
	AFFIX NOTARY STAMP / SEAL ABOVE	V	غ. خ	.u. 1	į	
	Sworn to and subscribed before me, by the said	Mahan , this the	24	day of	uly.	
	Λ .					

Title of officer administering oath

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FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie	es.	· .	CEI	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and of business.	Certificate Number: 2017-240087						
	Mahan Foundation & Contractors, LLC				240001			
	Corpus Christi, TX United States			1	Filed: 4/2017			
2	Name of governmental entity or state agency that is a part being filed.	ty to th	e contract for which the form is	0112	4/2017			
	City of McAllen			Date Acknowledged: 07/28/2017				
3	Provide the identification number used by the government description of the services, goods, or other property to be	tal enti	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a		
	06-17-C29-295 Re-Roof - (CDBG) EXECUTIVE ORDER 11246							
4						f interest		
	Name of Interested Party		City, State, Country (place of busin	ess)	(спеск ај Controlling	pplicable) Intermediary		
					Controlling	intermediary		

5	Check only if there is NO Interested Party.	I				<u> </u>		
6	AFFIDAVIT I swe	ear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.		
			Signature of authorized agent of cont	tracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said		this the		day of			
	20, to certify which, witness my hand and seal of offic		uso ure		day or	*		
	Signature of officer administering oath Printed nar	me of o	officer administering oath Ti	itle of c	officer administeri	ng oath		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-243127 Neuhaus & Co. Weslaco, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 07/31/2017 being filed. City of Mcallen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Whole Goods Equipment Nature of interest. Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. \mathbf{x} 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. **RENAY MARTINEZ** My Notary ID # 2155535 Expires September 17, 2020 Stanature of anthorized agent of contracting business entity AFFIX NOTARY STAMP/ SEAL ABOVE Swom to and subscribed before me, by the said ___ to certify which, witness my hand and seal of office.

FORM **1295**

	<u></u>							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	os. OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, stat of business.	te and coun	ntry of the business entity's place		Certificate Number: 2017-243127			
	Neuhaus & Co.			とつすしってよりすでし				
	Weslaco, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a	a party to th	ne contract for which the form is	 07/3	31/2017			
	being filed.	•						
	City of Mcallen				e Acknowledged: 31/2017	1		
					CAN TANIS CONTRACTOR OF THE PROPERTY OF THE PR	non-community of the second		
3	Provide the identification number used by the govern description of the services, goods, or other property	nmental enti to be provi	Ity or state agency to track or identi- ded under the contract.	ify the c	ontract, and pro	vide a		
	05-17P3001							
	Whole Goods Equipment							
			T		Nature o	f interest		
4	Name of Interested Party	,	City, State, Country (place of bus	iness)		pplicable)		
					Controlling	Intermediary		
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		ļ	-California					
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						 I		
	Check only if there is NO Interested Party.		<u> </u>		<u> </u>			
2	Check only if there is NO interested Party.				-			
•	AFFIDAVIT	•	en la constitue de mantinue, about do	t- aug	" I in ture	·		
•	AFTIDAVI	I swear, or a	affirm, under penalty of perjury, that the	e above	disclosure is true	and correct.		
		,	Signature of authorized agent of co	ntracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	O complete and automath address are both a said		Albin Alban					
	Sworn to and subscribed before me, by the said		, this the		day of			
	20, to certify which, witness my hand and seal o	n onice.						
	•							
	Signature of officer administering oath Printe	ed name of o	officer administering oath	Title of o	officer administerir	ng oath		
		,						

FORM 1295

				1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE				
of business. Professional Turf Products, LP			Certificate Number: 2017-241934 Date Filed:				
Ż	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen, TX		07/27/2017 Date Acknowledged;				
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract. 07-17-P38-01 PROJECT NO: 07-17-P38-01 PURCHASE OF TWO (2) RIDING FAIRWAY MOWERS	the co	ntract, and pro	/ide a			
4	Name of Interested Party City, State, Country (place of busin	ess)	Nature of (check ap				
_							
			· ·				
5	Check only if there is NO Interested Party.		<u> </u>				
;	DEBRA G WHITE My Commission Expires April 12, 2019 I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity						
	AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said						
	Signature of officer administering oath Printed name of officer administering oath Ti	A of of	HUNG ficer administeri	ng oath			

FORM **1295**

<u> </u>						1017		
	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no interest.	parties. terested parties.		CE	OFFICE US			
1	Name of business entity filing form, and the of business.	ity, state and coun	ntry of the business entity's place		Certificate Number: 2017-241934			
	Professional Turf Products, LP			201	7-241934			
L	Euless, TX United States				Date Filed:			
2	Name of governmental entity or state agency being filed.	that is a party to th	ne contract for which the form is	07/2	27/2017			
	City of McAllen, TX				Date Acknowledged: 07/27/2017			
3	Provide the identification number used by the description of the services, goods, or other pr	governmental ent roperty to be provi	ity or state agency to track or iden ded under the contract.	tify the c	ontract, and pro	vide a		
	07-17-P38-01 PROJECT NO: 07-17-P38-01 PURCHASE	OF TWO (2) RIDI	NG FAIRWAY MOWERS					
4	Nama of Interacted Darty		City Chata County (1)	•	1 .	of interest		
	Name of Interested Party		City, State, Country (place of bus	siness)	(check ap	pplicable) Intermediary		
					Controlling	Intermediary		
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	Aug							
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		·						
						<u></u>		
;	Check only if there is NO Interested Party.	X			<u> </u>			
<u> </u>	AFFIDAVIT	I swear, or a	uffirm, under penalty of perjury, that th	e above	disclosure is true	and correct.		
			Signature of authorized agent of co	ntracting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE							
	Sworn to and subscribed before me, by the said _		, this the		day of	,		
	20, to certify which, witness my hand and	d seal of office.				_		
				•				
_								
	Signature of officer administering oath	Printed name of of	ficer administering oath	Title of of	ficer administerin	g oath		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	of business.	Certificate Number: 2017-244713				
	Western Oilfields Supply Company dba Rain for Rent Corpus Christi, TX, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which	ch the form is	08/02/2017			
	City of McAllen		Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency description of the services, goods, or other property to be provided under the confidence of the services.	to track or identify t tract.	the c	ontract, and prov	vide a	
	462-14 Pumps, Pipes, Manifolds					
4	Name of Interested Party City, State, Cour	ntry (place of busine	ee)	Nature of (check ap	· ·	
	Sky, state, sour	itty (place of basilie	33)	Controlling	Intermediary	
			Was in	The state of temporal source.		
			Ç.	IVED		
				NCALL	V	
		AUG		7 2017		
		urchasing Av	8	, Contra	cting	
					-	
5	Check only if there is NO Interested Party.					
5	AFFIDAVIT I swear, or affirm, under penalty	y of perjury, that the a	bove	disclosure is true	and correct.	
	Davin	W0-	antistratura de la compania de la compania de la compania de la compania de la compania de la compania de la c	David Schisler Director of Cor	ntracts	
	Signature of auth	orized agent of contra	acting	l business entity		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said, to certify which, witness my hand and seal of office. \(\text{VL} \)	, this the		day of	,	
	Th 8/2117					
					ļ	
	Signature of officer administering oath	oath Title	e of o	officer administerin	g oath	

✓ See Attached Document (Notary to cross out lines 1–6 below) ☐ See Statement Below (Lines 1–6 to be completed only by document sign	ner[s], <i>not</i> Notary)
Signature of Document Signer No. 1 Signature of Docu	ment Signer No. 2 (if any)
A notary public or other officer completing this certificate verifies only the identity of document to which this certificate is attached, and not the truthfulness, accuracy, or various contents to the contents of the certificate is attached.	f the individual who signed the alidity of that document.
County of KIRA	to (or affirmed) before me August, 20 /7, Month Year
TAMMY L. HARLESTON (and (2) 1)	hisler heps) of Signer(s)
My Comm. Exp. June 25, 2020 proved to me on the lo	asis of satisfactory evidence who appeared before me.
Signature <u>I FM M i</u> Signature Signature HANUSTON— ture of Notary Public	
Seal Place Notary Seal Above	
OPTIONAL Though this section is optional, completing this information can deter alteral fraudulent reattachment of this form to an unintended do	ration of the document or
Description of Attached Document	81-11.5
1 1/10	ent Date: <u>8/4//</u>
Number of Pages:/ Signer(s) Other Than Named Above:/_///	TANIANIANIANIANIANIANIANIANIANIANIANIANIA

FORM **1295**

				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USI CERTIFICATION			
1	of business. Western Oilfields Supply Company dba Rain for Rent	Certificate Number: 2017-244713				
	Corpus Christi, TX, TX United States		Date Filed:			
2	being filed.	e contract for which the form is	⁻ 08/02/2017			
	City of McAllen		Date Acknowledged: 08/03/2017			
3	description of the services, goods, or other property to be provid-		the contract, and pro	vide a		
	462-14 Pumps, Pipes, Manifolds					
4	Name of Interested Party	City, State, Country (place of busine	1	f interest oplicable)		
			Controlling	Intermediary		
	·					
	•					
	Check only if there is NO Interested Party.					
ì	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the a	above disclosure is true	and correct.		
		Signature of authorized agent of contra	acting business entity			
		Signature of abutorized agent of control	acing business entry	:		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said	, this the	day of	1		
	to delay when whites my hand and sea of diffee.					
	Signature of officer administering oath Printed name of off	ficer administering oath Title	a of officer administrative	and the second		
	Signature of other authinistering path Philled fiame of off	area dramanatering ogni - Hill	e of officer administerin	ig varr		

FORM 1295

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1				Certificate Number: 2017-252019		
	McGuireWoods Consulting, LLC		2017	-252019		
	Austin, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which	the form is	08/2:	1/2017		
	being filed. City of McAllen		Date	Acknowledged:		
	City of McAilch			· ·		
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contract		the co	ontract, and pro	vide a	
	08-17-S46-01					
	State governmental relations representation					
4				, i	finterest	
•	Name of Interested Party City, State, Country	/ (place of busine	ess)	, ,	pplicable)	
		· · · · · · · · · · · · · · · · · · ·		Controlling	Intermediary	
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		HTYOF	M	<u>:ALLEN</u>		
		AUG 2	42			
	Durc	shasing y:妣	& (Contrac	ina	
	В	y: Il				
5	Check only if there is NO Interested Party.					
6	AFFIDAVIT I swear, or affirm, under penalty o	f perjury, that the a	above	disclosure is true	and correct.	
	I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.					
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Amber HausenFluck 20_17_, to certify which, witness my hand and seal of office.	, this the	2/51	t day of Au	igust,	
,	Wolons Renec Moncado Dolores Renec Monca Signature of officer administering oath Printed name of officer administering oa	·	tle of c	y Public		

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION							
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2017-252019					
	McGuireWoods Consulting, LLC			5011-535018			
	Austin, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/21	/2017			
	being filed.						
	City of McAllen		Date Acknowledged: 08/21/2017				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ntract, and prov	ride a		
	08-17-S46-01						
	State governmental relations representation						
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)		
				Controlling	Intermediary		
				•			
5	Check only if there is NO Interested Party.		I	.			
6	AFFIDAVIT I swear, or a	affirm, under penalty of perjury, that the a	above o	disclosure is true	and correct.		
	<u> </u>						
		Signature of authorized agent of contr	acting	business entity			
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	this the		day of			
	20, to certify which, witness my hand and seal of office.	, this the		uay u			
	to solary military mand and soul of onition						
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						

FORM 1295

_					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	- · ·	•	ificate Number:	
	Paradigm Traffic Systems, Inc.		201,	7-252570	
_	Arlington, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is	08122	2/2017	
_	City of McAllen		Date	Acknowledged:	;
3	description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	Buy Board #524-17 Pelco Hardware AP-8374 Twin Cross Arm Assembly				_
4	Marie of Interested Double	- Committee for local of business			of interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	pplicable) Intermediary
Pr	riester, Jerry	Arlington, TX United States		X	Intermounty
					. ,,
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_		Sec. Brown (** 2015)	7		
_		RECEI			
		CITYUPW	IC#	MILEN	
		AUG 2 4	201		į
		L Durchaeinn &	<i>.</i>		
		Purchasing & By:	~~	miractii	Į g
_	Check only if there is NO Interested Party.	<u> </u>			
_	AEEIDAVIT			···	
6	AFFIDAVI	affirm, under penalty of perjury, that the a	above	disclosure is true	e and correct.
	SHELLY ANTHONY My Commission Expires February 3, 2019	Signature of authorized agent of contra	 racting	j business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said Dan Jayne 20_17, to certify which, witness my hand and seal of office.	25 , this the <u>22</u>	<u>2nd</u>	day of <u>Au</u>	ıgust ,
	Signature of officer administering oath Printed name of o			sing/Office M	
	Signature of minori during south 🦠 1 timed rathe of o	micer administering over me	ie oi o	HICEE durismotern	ng oam

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-252570 Paradigm Traffic Systems, Inc. Arlington, TX United States Date Filed: 2 Name of governmental entity or state agency that is a party to the contract for which the form is 08/22/2017 being filed. City of McAllen Date Acknowledged: 08/22/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Buy Board #524-17 Pelco Hardware AP-8374 Twin Cross Arm Assembly Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Priester, Jerry Arlington, TX United States Х 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____ $_{\rm day}$ of $_{\rm d}$ 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested Complete Nos. 1, 2, 3, 5, and 6 if there are no introduced in the complete Nos. 1, 2, 3, 5, and 6 if there are no introduced in the complete Nos. 1 - 4 and 6 if there are interested.	parties. terested parties.		CE	OFFICE USI	
1	Name of business entity filing form, and the ci				ificate Number:	
	of business. Bickerstaff Heath Delgado Acosta LLP	3711 S. Mo	Pac Expressway	2017	7-254255	
	Austin, TX United States	Building On	ne, Suite 300	Date	Filed:	
2	Name of governmental entity or state agency t	Austin, TX 7 that is a party to th	/8746 he contract for which the form is		5/2017	
	being filed.	-				
	City of McAllen, Texas		·	1	Acknowledged;	
3	description of the services, goods, or other pr	governmental enti roperty to be provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	DEP01M Lawsuit challenging SB1004					
4		Ī			Nature of	
	Name of Interested Party	,	City, State, Country (place of busine	ess)	(check ap	
					Controlling	Intermediary
	axwell, Susan M.		Austin, TX United States		×	
	illms Rogers, Emily		Austin, TX United States		Х	
Me	endez, David		Austin, TX United States		X	
Th	nan, Catherine		Houston, TX United States		×	
Υo	oung, Bradley B.		Austin, TX United States		Х	·
Du	ıgat III, Bill		Austin, TX United States		Х	
Acc	osta, Jr., Alejandro		El Paso, TX United States		Х	
_						
_						
	Check only if there is NO Interested Party.					
، ز	AFFIDAVIT	I swear, or r	affirm, under penalty of perjury, that the a	above r	disclosure is true	and correct.
	RAEANN MORRIS MY COMMISSION EXPIRES DECEMBER 22, 2018 NOTARY ID: 130059256		Signature of authorized agent of contra	<u>ر</u> د	- -	
	AFFIX NOTARY STAMP / SEAL ABOVE					
2	Sworn to and subscribed before me, by the said $_$ 20 $_$ 1 , to certify which, witness my hand and	Sydney W. d seal of office.	Falk, Jr., this the 2	-8	day of <u>A</u> v	ignst,
_	Kall Mi	RaeAnn	Morris 1	Vofa.	y Public	
	Signature of officer administering oath	Printed name of of	officer administering oath Title	e of off	ficer administerin	g oath

FORM **1295**

			1011
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
Name of business entity filing form, and the city, state and count of business. Bickerstaff Heath Delgado Acosta LLP	try of the business entity's place	Certificate Number: 2017-254255	
Austin, TX United States		Date Filed:	
Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	08/25/2017	
City of McAllen, Texas		Date Acknowledged 09/05/2017	l:
Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided DEP01M Lawsuit challenging SB1004	ity or state agency to track or identify ded under the contract.	the contract, and pro	ovide a
-	<u> </u>	Nature	of interest
4 Name of Interested Party	City, State, Country (place of busine	,	applicable)
		Controlling	Intermediary
Maxwell, Susan M.	Austin, TX United States	X	
Willms Rogers, Emily	Austin, TX United States	X	
Mendez, David	Austin, TX United States	Х	
Than, Catherine	Houston, TX United States	X	
Young, Bradley B.	Austin, TX United States	Х	
Dugat III, Bill	Austin, TX United States	X	
Acosta, Jr., Alejandro	El Paso, TX United States	X	
5 Check only if there is NO Interested Party.			
6 AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above disclosure is tru	ue and correct.
	Signature of authorized agent of cont	dracting business entit	 V
AFFIX NOTARY STAMP / SEAL ABOVE	<u> </u>	_	'
Sworn to and subscribed before me, by the said	, this the	day of	
20, to certify which, witness my hand and seal of office.			
Signature of officer administering oath Printed name of	officer administering oath T	Title of officer administe	ering oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-256074 Faro Technologies, Inc. Lake Mary, FL United States Date Filed: 09/01/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. TXMAS-14-66020 3D Laser Scanner, forensic software, 2D and 3D diagramming software, animation software Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States Х CITY OF MICALLEN SEP 05 2017 Purchasing & Contracting 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. CAROL S. LEVINE Notary Public - State of Florida My Comm. Expires Oct 30, 2018 Signature of authorized agent of contracting business entity Commission # FF 138066 AFFIX NOTARY STAVIPY SHALL ABOVE

0.981.

20_____, to certify which, witness my hand and seal of office.

Printed name of officer administering oath

Title of officer administering oath

Signature of officer administering oath

Sworn to and subscribed before me, by the said _

CERTIFICATE OF INTERESTED PARTIES FORM **1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-256074 Faro Technologies, Inc. Lake Mary, FL United States Date Filed: 09/01/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/02/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. TXMAS-14-66020 3D Laser Scanner, forensic software, 2D and 3D diagramming software, animation software Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen. McAllen, TX United States Χ 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. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ______ ____ day of ____ _, this the 20 , to certify which, witness my hand and seal of office. Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	RM 1295
				FUF	1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and coun of business. M.J.A. Construction, LLC	ntry of the business entity's place	Cert	ificate Number: 7-248665	
2	Mission, TX United States 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	08/1	e Filed: 1/2017 : Acknowledged:	:
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided 8-17-C35-445 McAllen Nature Center Parking Lot Improvements	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	f interest pplicable)
				Controlling	Intermediary
		·			
·-					
		CITY	Æ)EIVED FNCAL	
			SEP		ner fran fi M
5	Check only if there is NO Interested Party.	Purchasi	ng	_	racting
6	AEEDAVIT	By: #/> affirm, under penalty of perjury, that the a			an management of the state of the
	YOLANDA GONZALEZ NOTARY PUBLIC STATE OF TEXAS MY COMM. EXP. 3/3/2018 NOTARY ID 12816736-6 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said	Signature of authorized agent of confr	acting	business entity	
(20	tollog rece, this the	<u> </u>	day of <u>grave</u>	101.
1	Signature of officer administering dath Printed name of of	A GONZALEZ A Million A Mil	<u>)</u> 84 le of o	Axy Pu fficer administerir	OIC ng 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 parties.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and cou of business.	untry of the business entity's place	Certi	tificate Number: .7-248665	
	M.J.A. Construction, LLC				
2	Mission, TX United States Name of governmental entity or state agency that is a party to	the contract for which the form is		e Filed: L1/2017	
_	being filed.	the contract for which the form is			
	City of McAllen		09/0	Acknowledged: 02/2017	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	ntity or state agency to track or identify vided under the contract.	y the c	ontract, and pro	vide a
	08-17-C35-445 McAllen Nature Center Parking Lot Improvements				
4	Down of Intercented Dayle,	- College Comment (along of busin		1	of interest
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	pplicable)
				Controlling	Intermediary
_					
_					
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or	or affirm, under penalty of perjury, that the	above	: disclosure is true	e and correct.
		Signature of authorized agent of cont	tracting	a business entity	
		olyndial of addionage agent in a	.l Qui	j Duamosa eriasj	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	•
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath	of officer administering oath Ti	itle of c	officer administerir	ng 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 parties.		CEI	OFFICE USI		
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place		ficate Number:		
	C&M Golf and Grounds Equipment		2017-257257			
	San Antonio , TX United States		Date	Filed:		
2		contract for which the form is	09/06	6/2017		
	being filed.					
	City of McAllen Texas		Date .	Acknowledged:		
_	Dravida the identification number and but the					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.	y or state agency to track or identity ed under the contract.	the co	ontract, and pro	vide a	
	08-17-P57-01					
	Purchase of one(1) 14ft Rotary Mower					
4			1	Nature o	f interest	
•	Name of Interested Party	City, State, Country (place of busine	ess)	(check ar	oplicable)	
_				Controlling	Intermediary	
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		A	E¢	EIVED		
		CITY	OF	McAL		
			EP P	9 2017		
		Purchasin	ia l	& Contr	ortina.	
		By-			- ANGERIA	
		g		***************************************	TO COMPLETE LOCAL	
5	Check only if there is NO Interested Party.		!	<u></u>		
;	AFFIDAVIT I swear, or af	ffirm, under penalty of perjury, that the a	above	disclosure is true	and correct.	
		The state of the s	-	manager of the second	->	
	<u> </u>					
	VANESSA CASTILLO Notary Public	3 ST				
	State of Texas	Signature of authorized agent of contra	acting	business entity		
	My Comm, Exp. 01-17-2019 \$			•		
	AFFIX NOTARY STAMP / SEAL ABOVE					
	Sworn to and subscribed before me, by the said Havold K 1900 20 1 20 1 20 1 20 1 20 1 20 1 20 1	KAMPAL JIZ, this the	U	day of <u>Sl</u>	ptember	
	1					
	VALOMA ARAFALLA VALOREA	Austila Wate	v. 1/1 i	Problem 1		
	Signature of officer administering oath Printed name of offi	CUSTIND \/\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(\)\(e of of	fficer administerir	on nath	
	Trinica name of on	TILL	o vi Vi	noor aummisterif	iy Vaut	

Ack' 1295 FORM 9/6/17 RS

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

							1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested par	rties.				OFFICE USI	
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no intere						OF FILING
1	Name of business entity filing form, and the city, of business.	, state and cou	ntry of the business entity's	s place		cate Number:	
	C&M Golf and Grounds Equipment				ZU17	257257	
	San Antonio , TX United States				Date F	iled:	
2	Name of governmental entity or state agency tha	t is a party to t	he contract for which the fo	orm is	09/06/	/2017	
	being filed.			I			
	City of McAllen Texas					icknowledged:	
			12 III		09/06/		
3	Provide the identification number used by the go description of the services, goods, or other prop	overnmental en	tity or state agency to track	or identify	the cor	ntract, and pro	vide a
		enty to be prov	med ander the contract,			-	
	08-17-P57-01 Purchase of one(1) 14ft Rotary Mower						
	Fulchase of one(1) 141t Rotary Mowel						
				•		Nature o	f interest
4	Name of Interested Party		City, State, Country (plac	ce of busine	ss)	(check ap	oplicable)
	11	<u>,</u>				Controlling	Intermediary
					-		
							
				•		7	
	•						
5	Check only if there is NO Interested Party.	X					
		<u> </u>					
6	AFFIDAVIT	I swear, or	affirm, under penalty of perju	ıry, that the a	bove di	isclosure is true	and correct.
		,	Signature of authorized a	gent of contra	acting b	ousiness entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
				1			
	Sworn to and subscribed before me, by the said		, ti	his the		day_of	,
	20, to certify which, witness my hand and s	eal of office.					
	Signature of officer administering oath F	Printed name of	officer administering oath	Title	e of offi	icer administerir	ng oath
							1

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	CERTIFICATE OF INTERES	STED PARTIES		FOR	м 1295
L					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested p Complete Nos. 1, 2, 3, 5, and 6 if there are no inte		CE	OFFICE US	
1	Name of business entity filing form, and the cit of business. The Tamis Corporation	ty, state and country of the business entity's place		ificate Number: 7-257893	
L	Pittsburgh, PA United States		1	Filed:	
2	Name of governmental entity or state agency the being filed.	hat is a party to the contract for which the form is	09/0	7/2017	
	The City of McAllen		Date	Acknowledged:	1
3	Provide the identification number used by the quescription of the services, goods, or other provides 17-P58-01 Classic Blockader 2.5M Steel Barriers	governmental entity or state agency to track or identify operty to be provided under the contract.	the c	ontract, and pro	vide a
4		1992		1	f interest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	pplicable) Intermediary
В	lby, Murray	Pittsburgh, PA United States		X	intermediary
		CITY OF Mic SEP 112 Purchasing & C	3 / A 1		
_					
5	Check only if there is NO Interested Party.				
6	COMMONWEALTH OF PENNSYLVAMA NOTARIAL SEAL MELISSA D JORDAN Notary Public PENN HILLS TWP., ALLEGHENY COUNTY My Commission Expires Mar 13, 2018 AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said 20, to certify which, witness my hand and	Signature of authorized attent of contract Bib. the authorized attent of contract at seal of office.	H.	ή	and correct.
	Signature of officer administering oath	Melissa Dordon () Printed name of officer administering oath Tit	<u>\\</u> le of c	officer administeri	ng oath
	Comment of the contract of the				ng vaar

FORM **1295**

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE US	
1	Name of business entity filing form, and the city, state and co- of business.	ountry of the business entity's place	1	ficate Number: 7-257893	
	The Tamis Corporation			,	
	Pittsburgh, PA United States			Filed: 7/2017	
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	09/0	112017	
	The City of McAllen			Acknowledged: 7/2017	:
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		the co	ontract, and pro	vide a
	08-17-P58-01 Classic Blockader 2.5M Steel Barriers				
4				Nature o	f interest
7	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)
_				Controlling	Intermediary
Bi	lby, Murray	Pittsburgh, PA United States		Х	
				-	
i	Check only if there is NO Interested Party.		i		
3	AFFIDAVIT I swear, o	or affirm, under penalty of perjury, that the	above (disclosure is true	and correct.
		Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	_
	20, to certify which, witness my hand and seal of office.				,
	Signature of officer administering oath Printed name of	of officer administering oath Ti	tle of of	fficer administerir	ng oath

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	rties.			CEI	OFFICE US	
1	Name of business entity filing form, and the city, state at of business.	nd cou	ntry of the business entity's	-	Certi	ficate Number: 7-234911	
	G and S Mechanical USA, Inc.				2017	204011	
	Wichita, KS United States					Filed:	
2	Name of governmental entity or state agency that is a pa being filed.	irty to t	the contract for which the for	m is	07/1.	1/2017	
	City of McAllen					Acknowledged:	1
					09/14	4/2017	
3	Provide the identification number used by the governme description of the services, goods, or other property to be			or identify t	the co	ontract, and pro	vide a
	06-17-C30-255 Baggage Handling System						
	- Suggago Harlaning Oyotoni						
4	Name of Interested Party		City, State, Country (place	a of hugina	, ,		f interest
	Name of interested Party		City, State, Country (place	e or pusine:	55)	Controlling	oplicable) Intermediary
_						Controlling	Internediary
						-	
			•				
;	Check only if there is NO Interested Party.		I	.,			
ì	AFFIDAVIT I sw	vear, or	affirm, under penalty of perjury	, that the al	ove o	disclosure is true	and correct.
			Signature of authorized age	ent of contra	cting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said		. this	s the		day of	
	20, to certify which, witness my hand and seal of off			-			
	Signature of officer administering oath Printed na	ame of	officer administering oath	Title	of of	ficer administerin	ig oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place of business. 2017-234911 G and S Mechanical USA, Inc. Date Filed: Wichita, KS United States 07/11/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 06-17-C30-255 Baggage Handling System Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling 5 Check only if there is NO Interested Party. \square 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. JUDITH A. YOUNG A Commissioner for Oaths In and for the Province of Alberta My Commission Expires Dec. 1, 2017 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said Chad Buffam, this the 11 day of July 20 / 7 , to certify which, witness my hand and seal of office.

nature of officer administering oath

Printed name of officer administering oath

	CERTIFICATE OF INTERESTED PAR	TIES		F0D	м 1295
				FUR	1 of 1
_			<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.		CEI	OFFICE USE RTIFICATION	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number:	
	McAllen Public Utility		2017	'-249938	
	McAllen, TX United States		1	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	08/1	5/2017	
	McAllen Public Utility		Date	Acknowledged:	
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a
	08-17-S45-40 Sludge Management				
		<u> </u>		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
	· · · · · · · · · · · · · · · · · · ·				
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5	Check only if there is NO Interested Party.				
	X				
6	AFFIDAVIT I swear, or	affirm, under penalty of perjury, that the	above	disclosure is true	and correct.
	BECKY ELLISON Notary Public POPE COUNTY, ARKANSAS My Commission Expires 4-29-2019 Commission # 12370944	Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Λ	this the	174	day of A	ugust.
	Declay Limin Blaky El Signature of officer administering oath Printed name of	11300 (A) Officer administering oath Ti	Joto itle of c	ay Pub officer administeri	ng oath

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place		ificate Number: 7-249938	
	McAllen Public Utility			-L40000	
	McAllen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	08/15	5/2017	
	being filed. McAllen Public Utility		Date	Acknowledged:	
	MCAllen Public Gully	!		5/2017	
3	Provide the identification number used by the governmental ent	tity or state agency to track or identify		<u> </u>	uida a
3	description of the services, goods, or other property to be provided to the services.		the ca	Millauly and p.c.	/lue a
	08-17-S45-40 Sludge Management				
	Siddge Mariagement				
— 4				Nature of	
-	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	,
				Controlling	Intermediary
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5	Check only if there is NO Interested Party.				
6	AFFIDANIT	The second secon		" -lacina la tripi	-!want
_	i Sweai, ui	r affirm, under penalty of perjury, that the	above	disclosure is nue	and correct.
		Signature of authorized agent of cont	racting	business entity	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the		day of	,
	20, to certify which, witness my hand and seal of office.				
	Dulated name of		· · · · · · · · · · · · · · · · · · ·	tutatori	
	Signature of officer administering oath Printed name of o	officer administering oath Ti	tle of o	officer administerir	ng oath

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-262430 Valley View Consulting, L.L.C. Huddleston, VA United States Date Filed: 09/19/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 06-17-S33-40 Investment Advisory Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Long, Richard Huddleston, VA United States Х 5 Check only if there is NO Interested Party.

AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said , to certify which, witness my hand and seal of office.

ABOVE

Printed name of officer administering oath

Title of officer administering oath

AFFIX NOT

CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos, 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2017-262430 Valley View Consulting, L.L.C. Huddleston, VA United States Date Filed: 09/19/2017 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/19/2017 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 06-17-S33-40 Investment Advisory Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Long, Richard Huddleston, VA United States 5 Check only if there is NO Interested Party. П 6 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said _____ _, this the _____, 20 _____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

FORM **1295**

				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested partic	es. ted parties.	CE	OFFICE US	
Name of business entity filing form, and the city, s of business. Tabeza Holdings, LLC McAllen, TX United States	state and country of the business entity's place	201	ificate Number: 7-254549 Filed:	
2 Name of governmental entity or state agency that being filed.	is a party to the contract for which the form is		7/2017	
City of McAllen		Date	Acknowledged	•
3 Provide the identification number used by the gov- description of the services, goods, or other proper 08-17-C38-516 Bicentennial Blvd Hike & Bike Trail Pedestrian B	rty to be provided under the contract.	ify the c	ontract, and pro	vide a
4 Name of Interested Party	City, State, Country (place of bus	iness)		of interest
			Controlling	Intermediary
•s		·		
			11.74	
3				

6 Check only if there is NO Interested Party.]			
NORMA L RAMIREZ Notary Public Notary Public NORMA L RAMIREZ Notary Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NORMA L RAMIREZ NOTARY Public NOTARY Public NOTARY Public NORMA L RAMIREZ NOTARY Public	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		28	a day of	igust.
Signature of officer administering oath Pri	Normak-Ramirez inted name of officer administering oath	LIN Title of c	dina fi.	os is lant

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	me of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number: 2017-254549			
	Tabeza Holdings, LLC	LLC					
	McAllen, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to	ntity or state agency that is a party to the contract for which the form is			08/27/2017		
	ing filed.						
	City of McAllen			Date Acknowledged: 09/15/2017			
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro	number used by the governmental entity or state agency to track or identify the contract, and provide a es, goods, or other property to be provided under the contract.					
	8-17-C38-516						
	Bicentennial Blvd Hike & Bike Trail Pedestrian Bridge at La	ark Blvd					
4	No. of the Country (along of the		>	Nature of interest (check applicable)			
	Name of Interested Party	City, State, Country (place of business)		<u> </u>			
				Controlling	Intermediary		
_							
5	Check only if there is NO Interested Party.						
	X						
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.						
		Signature of authorized agent of contracting business entity					
	AFFIX NOTARY STAMP / SEAL ABOVE						
	Sworn to and subscribed before me, by the said	, this the		day of	1		
	1.0 ostary string violes my maid and soul or blinds.						
							
	Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath						