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 ONLY CERTIFICATION OF FILING				
<ol> <li>Name of business entity filing form, and the city, state and c of business.</li> </ol>	ountry of the business entity's place		ate Number: 54086			
KSA Engineers, Inc. Longview, TX United States		Date Fi	led:			
2 Name of governmental entity or state agency that is a party i	to the contract for which the form is	08/06/	2020			
being filed. City of McAllen, Texas		Date A	cknowledged:			
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.  08-20-S52-459						
General Engineering Services for Planning, Environmental Administration phases for projects at McAllen Internal	al, Engineering, Design, Architectural D tional Airport.	esign, a	ind Construct	lon		
Name of Interested Party	City, State, Country (place of busin	iess)	(check a	f interest oplicable)		
			Controlling	Intermediary		
Fortner, Mitchell	Longview, TX United States		X			
Hicks III, Walter F.	Tyler, TX United States		×			
Phipps, Craig	Sugar Land, TX United States		X			
Burns, Michael	Longview, TX United States		X			
Buck, Lanny	Longview, TX United States		X			
Aylor, Christopher	Tyler, TX United States		X			
5 Check only if there is NO Interested Party.			•			
6 UNSWORN DECLARATION			1/0/10/0			
My name Is Craig H. P	hipps, and my date of	birth is_	1/2/1969	<u> </u>		
My address is 816 Park Two Drive		X_,	77478 (zip code)	, USA .		
(street)	,		fesh sone)	(accius)		
l declare under penalty of perjury that the foregoing is true and correct.						
Executed in Fort Bend (	County, State of <u>Texas</u> , on the	6th_da	y of <u>Augus</u> (month)			
	11 1 P		, <b></b>	•		
Signature of authograed agent of contracting business entity						
	(Declarent)					

#### OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-654086 KSA Engineers, Inc. Longview, TX United States Date Filed: 08/06/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen, Texas 12/16/2020 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 08-20-S52-459 General Engineering Services for Planning, Environmental, Engineering, Design, Architectural Design, and Construction Administration phases for projects at McAlien International Airport, Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Longview, TX United States Х Fortner, Mitchell Tyler, TX United States Х Hicks III, Walter F. Sugar Land, TX United States Х Phipps, Craig Burns, Michael Longview, TX United States Х Buck, Lanny Longview, TX United States Х Aylor, Christopher Tyler, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_, and my date of birth is \_ My address is \_ (street) (city) (state) (zio code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_\_\_\_\_ Executed in \_ (month) Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

FORM 1295

CERTIFICATE OF INTERESTED PAR			FOR	м 1295
			· 	1 of 1
The state of the s			OFFICE USE ONLY RTIFICATION OF FILING	
<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		ficate Number: -691781	•
M.J.A. Construction, LLC Mission, TX United States		Date	Filed:	
<ol><li>Name of governmental entity or state agency that is a party to the being filed.</li></ol>	e contract for which the form is	11/19	0/2020	
City of McAllen		Date	Acknowledged:	
Provide the Identification number used by the governmental enti- description of the services, goods, or other property to be provid 11-20-C03-566 21st Street & Lindberg Waterline Improvements	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	/ide a
			Matura	Linteract
4 Name of Interested Party	City, State, Country (place of busin	ess)	Nature of interest (check applicable)	
			Controlling	Intermediary
Gonzalez, Sonya	MISSION, TX United States		×	·.
			·	
5 Check only if there is NO interested Party,				
6 UNSWORN DECLARATION				
My name is Sonya A. Gonzalez	, and my date of	birth is	07/01/1975	5
My address is 3100 Hackberry Ave.	Mission Tx	<del></del> • -	78574	USA
(street)	•	ate)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correct  Executed in Hidalgo Count		10 <del>1</del> h 4	ay of Novembe	r . 20 20
County	y, scale of <u>16,425</u> , of the	<u> 1941</u> 0	(month)	year)
· 	5-0.88			
* .	Signature of authorized agent of coq (Declarant)	tracting	business entity	***************************************

#### FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-691781 M.J.A. Construction, LLC Mission, TX United States Date Filed: 11/19/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 01/05/2021 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. 11-20-C03-566 21st Street & Lindberg Waterline Improvements Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary MISSION, TX United States Х Gonzalez, Sonya 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is \_ My name is \_\_ My address is \_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of Executed in \_ (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFIC	ATE OF INTERESTED PA	ARTIES	FOF	RM 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 of business.			Certificate Number: 2021-703609		
Cypress, TX Uni	GameTime c/o Total Recreation Product, Inc. Cypress, TX United States				
Name of governme being filed.	nental entity or state agency that is a party	to the contract for which the form is	01/06/2021		
City of McAllen			Date Acknowledged	:	
description of the 12-20-P12-01	ification number used by the governmental services, goods, or other property to be lefty of McAllen - 2020 GRANT - Playgrou	provided under the contract.	y the contract, and pro	vide a	
	<u> </u>		,	of Interest	
	Name of Interested Party	City, State, Country (place of busin	ness) (check a Controlling	pilcable) Intermediary	
D'Conner, Bryan		Cypress, TX United States	Condoning	X	
			:	,	
<u> </u>					
· · · · · · · · · · · · · · · · · · ·					
i Check only if the	re is NO Interested Party.	·. ·			
UNSWORN DECL	ARATION			•	
My name isB	ryan P. O'Conner	, and my date of	birth is <u>December 29</u>	), 1959	
My address is	7802 Grant Road	Cypress T.	X , 77429	USA	
	(street)	(ofty) (s	state) (zip code)	(country)	
I declare under pe	nalty of perjury that the foregoing is true and	correct.			
Executed inHa	rris	County, State of Texas on the	6th day of January	, 20 <u>21</u> .	
		M. Day	7 7	· · · · · · · · · · · · · · · · · · ·	
	٠	Signofura of Support and a control of	ntracting business entity	<del></del>	
		(Declarant)	resonab positioss elitifà		

Forms provided by Texas Ethics Commission

www.ethics.state.bx.us

Version V1,1.ceffd98a

#### **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: 2021-703609 GameTime c/o Total Recreation Product, Inc. Cypress, TX United States Date Filed: 01/06/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 01/11/2021 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. 12-20-P12-01 TM-12035-20 City of McAllen - 2020 GRANT - Playground Equipment Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Intermediary Controlling Cypress, TX United States O'Conner, Bryan 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_\_\_\_ \_\_\_\_\_, and my date of birth is \_ My address is \_\_\_\_\_ (city) (state) (zio code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

#### **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: 2020-606350 Halff Associates, Inc. Date Filed: McAllen, TX United States 04/09/2020 2 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: McAllen Public Utility 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 04-20-S33-S52 PROFESSIONAL CONSULTING SERVICES FOR THE SOUTH WATER TREATMENT FACILITY ELECTRICAL POWER ASSESSMENT AND GENERATOR STUDY Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** Jose A. Delgado My name is \_\_ \_\_\_\_, and my date of birth is 5000 West Military, Suite 100 McAllen 78503-7446 USA My address is\_ (city) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. Hidalgo 20 20 Texas on the 9th day of April Executed in County, State of (year) Signature of authorized agent of contracting business entity

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2020-606350
	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.	04/09/2020
	McAllen Public Utility	Date Acknowledged: 01/08/2021

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

PROJECT NO. 04-20-S33-352

PROFESSIONAL CONSULTING SERVICES FOR THE SOUTH WATER TREATMENT FACILITY ELECTRICAL POWER ASSESSMENT AND GENERATOR STUDY

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Adams, Bobby	Houston, TX United States	X	
Bargainer, Tim	Austin, TX United States	х	
Baker, Jessica	Richardson, TX United States	х	
Edwards, Mark	Richardson, TX United States	х	
ickert, Andrew	Fort Worth, TX United States	х	
Jackson, Todd	Austin, TX United States	х	
Kunz, Pat	Richardson, TX United States	х	
Miller, Steven	Austin, TX United States	х	
Moya, Mike	Austin, TX United States	х	
Murray, Menton	McAllen, TX United States	х	
Sagel, Joseph	Richardson, TX United States	х	
Tanksley, Dan	Richardson, TX United States	x	
Zapalac, Russell	Austin, TX United States	х	
		1	

	CERTIFICATE OF INTERESTED PART	ΓIES		FOR	м 1295	
	en e				2 of 2	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ficate Number: -606350		
	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		9/2020		
	McAllen Public Utility		01/08	Acknowledged: 3/2021		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  PROJECT NO. 04-20-S33-352  PROFESSIONAL CONSULTING SERVICES FOR THE SOUTH WATER TREATMENT FACILITY ELECTRICAL POWER ASSESSMENT AND GENERATOR STUDY					
4				Nature of		
_	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap		
				Controlling	Intermediary	
				•		
			<u> </u>		-	
	· · · · · · · · · · · · · · · · · · ·		:.			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	and my date	e of birth is		·	
	My address is(sireet)	(city)	(state)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	et.				
	Executed inCount	y, State of, on	the			
				(month)	(year)	
		Signature of authorized agent of (Declarant)	contractin	g business entity		

	CERTIFICATE OF INTERESTED PAR	HES		FOR	и <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 USE TIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2021-705392		
	Southern Trenchless Solutions, LLC La Feria, TX United States	*	Date F		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	01/12/	2021	4
	The City of McAllen		Date A	cknowledged:	
3	Provide the Identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ity or state agency to track or identify	the co	ntract, and prov	ride a
	The City of McAllen Manhole Rehabilitation - Phase III			·	
4				Nature of	
ľ	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary
l					
<u> </u>					
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<u> </u>	the state of the s				
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L					<del></del>
L					
L					
			<b>5</b> .		
5	Check only if there is NO interested Party.		·.		
6	UNSWORN DECLARATION			alali	2411
l	My name is 1870mon Closner	and my dale of	birth is .	21911	111
	My address is 1303 W. 370 St. Hot-#2	14. <u>Weslaco</u> , <u>1</u>	tale)	(zlp code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	oct.	If	<del></del>	
	Executed in Cameron coun	ty, State of 1ex as on the	12th	ay of <u>Janua</u> (month)	ry 20 2 1.
		P-			:
۱		Signature of authorized agent of cor (Declarant)	itracting	business entity	

#### FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-705392 Southern Trenchless Solutions, LLC La Feria, TX United States Date Filed: 01/12/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: The City of McAllen 01/12/2021 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. The City of McAllen Manhole Rehabilitation - Phase III Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_\_, and my date of birth is \_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_\_\_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 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 2021-703025 of business. M2 Engineering, PLLC Date Filed: Mission, TX United States 01/05/2021 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 Public Utility Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. (11-18-S05-469) PROJECT NO. 11-18-S05-469 PROFESSIONAL CONSULTING SERVICES FOR GEOTECHNICAL, SCADA MANAGEMENT AND SURVEYING SERVICES Nature of Interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is \_\_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_\_1/5/1983 US My address is 1810 E. Griffin Parkway 78572 , Mission (state) (country) (street) (city) (zip code) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County, State of \_\_\_\_ Texas on the 5 day of January, 20 21 Signature of authorized agent of contracting business entity (Declarant)

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 ONLY CERTIFICATION OF FILING		
1	of business.	try of the business entity's place		ficate Number: -703025	
	M2 Engineering, PLLC Mission, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/05	5/2021	
	City of McAllen Public Utility			Acknowledged: 3/2021	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to track or identify ded under the contract.	the co	ontract, and prov	/ide a
	Project No. (11-18-S05-469) PROJECT NO. 11-18-S05-469 PROFESSIONAL CONSULTI AND SURVEYING SERVICES	NG SERVICES FOR GEOTECHNI	CAL,		
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap	
			,	Controlling	Intermediary
					:
•					
5	Check only if there is NO Interested Party.			• •	
6	UNSWORN DECLARATION				· · · · · · ·
	My name is	, and my date of	birth is		
	My address is(street)	(city) (s	, tate)	(zip code)	, (country)
			-		¥* .
	I declare under penalty of perjury that the foregoing is true and correct  Executed inCount	ct. ty, State of, on the	ſ	day of	. 20
	Count	, on the	`	(month)	(year)
	<del></del>	Signature of authorized agent of cor (Declarent)	ntractin	g business entity	<u>-</u>
ļ		,			

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2021-708573 Xylem Dewatering Solutions / DBA Godwin Pumps Date Filed: Corpus Christl, TX United States 01/21/2021 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. City of McAllen will be purchasing an 8" CD225M Critically Silenced Pump on a trailer along with hose and floats. Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO interested Party. X 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is 5/12//975 EXINGTONBUP CORPUSCHOUSTI I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of Executed in \_\_\_

Signature of authorized agent of contracting business entity (Declarant)

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-708573 Xylem Dewatering Solutions / DBA Godwin Pumps Corpus Christi, TX United States Date Filed: 01/21/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 01/21/2021 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. REF # 01-21-P15-01 City of McAllen will be purchasing an 8" CD225M Critically Silenced Pump on a trailer along with hose and floats. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_ My address is\_ (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_ \_\_\_\_\_\_county, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ (month) (vear)

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

					-	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
				CER	HEICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity	-		cate Number: 703610	
	Affordable Homes of South Texas, Inc. McAllen, TX United States		:	Date Fi	iled:	
,	Name of governmental entity or state agency that is a party to the	a contract for which the	1	01/06/		
_	being filed.	e contract for which the i				
	City of McAllen			Date A 01/18/	cknowledged: 2021	
3	Provide the identification number used by the governmental enti	ty or state agency to trac	k or identify t	the cor	ntract, and prov	vide a
	description of the services, goods, or other property to be provided FY20-21 DCMI CV-19	led under the contract.				
	DCMI funds will be used to provide housing services in an effective of McAllen.	ort to prevent homeless	ness for pers	sons ai	nd households	s affected by
4					Nature of	interest
•	Name of Interested Party	City, State, Country (pla	ace of busine	ss)	(check ap	pilcable)
					Controlling	Intermediary
	·					
				-		
				-		
_						: <del></del>
		"."				
5	Check only if there is NO Interested Party.			•		
6	LINEWORN DECLARATION					
6	UNSWORN DECLARATION					
	My name is	, and	d my date of b	irth is _		
	My address is			1		,ı
	(street)	(city)	(sta	ite)	(zip cođe)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	y, State of	, on the _	da	y of	, 20
					(month)	(year)
	· .	Simpotens of a chart of			ht ···	
	Signature of authorized agent of contracting business entity (Declarant)					

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2021-703610 Affordable Homes of South Texas, Inc. McAllen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/06/2021 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. DCMI funds will be used to provide housing services in an effort to prevent homelessness for persons and households affected by COVID-19 within the City of McAllen. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х **6 UNSWORN DECLARATION** My name is Robert Calvillo 03/28/63 , and my date of birth is My address is \_\_\_\_\_ ΤX 78501 McAllen USA (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County, State of Texas on the 6th day of January 20 21 (year) Signature of authorized agent of contracting business entity (Declarant)

#### FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-694500 GRAPEVINE DCJ, LLC Date Filed: GRAPEVINE, TX United States 12/01/2020 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: CITY OF MCALLEN 01/20/2021 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. 12-20-P08-97 18 VEHICLES Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary **BUEHLMAN, BRANDON GRAPEVINE, TX United States** Х 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION , and my date of birth is \_\_\_\_\_\_, My name is \_\_\_ My address is \_\_\_\_ (city) (state) (street) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_, on the \_\_\_\_\_day of \_\_\_\_\_\_, (year) Signature of authorized agent of contracting business entity (Declarant)

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.	CE	OFFICE USI	
Name of business entity filling form, and the city, state and country of the business entity's place of business. GRAPEVINE DCJ, LLC GRAPEVINE, TX United States	2020	ificate Number: 0-694500 Filed:	
2 Name of governmental entity or state agency that is a party to the contract for which the form is		1/2020	
being filed. CITY OF MCALLEN	1	Acknowledged:	
3 Provide the identification number used by the governmental entity or state agency to track or iden description of the services, goods, or other property to be provided under the contract. 12-20-P08-97 18 VEHICLES	tify the c	ontract, and pro	vide a
4 Name of Interested Party City, State, Country (place of bu	siness)		f interest pplicable) Intermediany
BUEHLMAN, BRANDON GRAPEVINE, TX United State	BS .	X	i inconcedially
	· .		, .
			-
5 Check only if there is NO interested Party.			
<u> </u>			
6 UNSWORN DECLARATION	· _		
My name is Derrick 1 howers and my date	of birth is	5-12-5	8
My address is 7601 william Tate, Erapevine,	(state)	76651 (zip code)	(country)
t declare under penalty of perjury that the foregoing is true and correct.		**	
Executed in County, State of County, on the	he <u>\</u> c	day of he much	<u>12520 2-0.</u> (year) ·
Signature of authorized agent of c	contracting	g business entity	<del></del>
(Declarant)  Forms provided by Texas Ethics Commission www.ethics.state.tx.us		Version	V1.1.cd34673b

#### **FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2020-695264 of business. MOORE DODGE Date Filed: SILSBEE, TX United States 12/03/2020 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: CITY OF MCALLEN 01/20/2021 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. Eighteen New 2021 Vehicles Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х SILSBEE, TX United States MOORE, tommy 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_\_\_, and my date of birth is \_ My name is \_ My address is \_ (city) (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_day of \_ Executed in \_\_ (month) (vear) Signature of authorized agent of contracting business entity (Declarant)

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1011 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2020-695264 of business. MOORE DODGE Date Filed: SILSBEE, TX United States 12/03/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: CITY OF MCALLEN Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Eighteen New 2021 Vehicles Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary X SILSBEE, TX United States MOORE, tommy 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My address is (sizie) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in

Forms provided by Texas Ethics Commission

www.ethics.state.lx.us

Signature of authorized agent of contracting business entity (Deckrant)

Version V1 1.cd34673b

	CERTIFICATE OF INTEREST	ED PARTIES		FOF	км 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested part Complete Nos. 1, 2, 3, 5, and 6 if there are no interes	iles. sted parties.	CE	OFFICE US	
i		state and country of the business entity's place	Cent	ficate Number:	
	of business. Kinloch Equipment & Supply, Inc		2021	1-707234	
	Pasadena, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that being filed.	is a party to the contract for which the form is	01/1	8/2021	
	McAllen Public Utility Board		Date	Acknowledged	:
3	description of the services, goods, or other prope	vernmental entity or state agency to track or identi erty to be provided under the contract.	fy the c	ontract, and pro	vide a
	12-20-P13-01 IBAK Mainlite Portable Camera System				
4					of Interest
	Name of Interested Party	City, State, Country (place of bus	iness)	(check a	pplicable) Intermediar
-			-	Controlling	Interneural
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5	Check only if there is NO interested Party.		•	<u></u>	<u> </u>
6		X			
			#1.7.ak. #.	5/20/1956	
	My name is I odd B. Kinloch	, and my date o	or oirth is	0/120/ 1000	
	My address is 3320 Pasadena Blvd	Pasadena 1	exas	77503	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is	s true and correct.			
	Executed in Harris		_ 18th	a <sub>ay of</sub> Janua	rv 21
	executed in	County, State or	<u> </u>	(month)	
	1	11 - 111			•
		Toble Khil			
		Signature of authorized agent of co (Decisiant)	ontractin	g business entity	
Ë	orms provided by Texas Ethics Commission	www.ethics.state.tx.us		Versio	n V1.1.ceffd9

	CERTIFICATE OF INTERESTED PAR	IIES	FOR	м 1295
				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	,	OFFICE US CERTIFICATION	· ·
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2021-707234	
	Kinloch Equipment & Supply, Inc Pasadena, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/18/2021	
	McAllen Public Utility Board		Date Acknowledged: 01/20/2021	
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 contract, and pro	vide a
	12-20-P13-01 IBAK Mainlite Portable Camera System			
4	Name of Interested Party	City, State, Country (place of busing		f interest oplicable)
	<u>and a second and a second sec</u>		Controlling	Intermediary
_ :				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is	, and my date of l	pirth is	
	My address is			
	(street)	(city) (st	ate) (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.		
	Executed inCount	y, State of, on the	day of (month)	, 20 (year)
		Signature of authorized agent of cont (Declarant)	racting business entity	

#### 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2020-694370 of business. Randall Reed's Prestige Ford Date Filed: Garland, TX United States 12/01/2020 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 01/20/2021 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. EIGHTEEN (18) NEW 2021 VEHICLES Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х GARALAND, TX United States Sarac, Admir 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_, and my date of birth is My name is \_ My address is \_\_\_\_ (country) (city) (state) (zip code) (street) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_, on the \_\_\_\_ \_\_\_\_County, State of \_ Executed in \_ Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

FORM 1295

	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.	CE			ONLY OF FILING	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certi	ificate Nu 0-694370			
	Randall Reed's Prestige Ford Garland, 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.		1/2020		Ĩ	
	City of McAllen	Date	Acknow		<i>L</i>	
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.  12-20-P08-97  EIGHTEEN (18) NEW 2021 VEHICLES	entify the c	ontract, a	and pro	vide a	
4	Name of Interested Party City, State, Country (place of it	ousiness)		heck a	f interest oplicable) Intermediary	
S	arac, Admir GARALAND, TX United Sta	tes	00		Х	
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					•	
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L						
5	Check only if there is NO Interested Party.					
6	My name is Admir Sarac , and my di  My address is 360/ S Shiloh Pd Garlano	ate of birth	is_ <i>03.</i>	117,	11961	
	My address is 360/ Shilbh Rd Garlano (city)	(state)		<i>CO4</i> code)	(country)	
	(street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in					
	ignature of authorized agent (Declarant		ng busine	ess entity		

CERTIFICATE OF INTERESTED PAI	RTIES		FORI	и 1295	
				1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	· .	1	OFFICE USE		
		4	Certificate Number: 2020-700199		
Converse, TX United States		Date I	Filed: 1/2020		
2 Name of governmental entity or state agency that is a party to being filed. City of McAllen	the contract for which the form is	i.	Acknowledged:		
Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro 12-20-P10-174  Eleven new current model cab & chassis with various refus	ovided under the contract.	y the co	entract, and pro	/ide a	
4				Interest	
Name of Interested Party	City, State, Country (place of busi	ness)	(check ar Controlling	Intermediary	
Doggett Industries Investments, LLC	DallasDallas, TX United States			Х	
Doggett, William	Houston, TX United States		X		
		1			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION  My name is Michael A. Crocket	7 and my date	of birth is	6-17-10	775	
My address is 380 Bear Ridge DR. (street)	, La Vernia	TX (state)	76121 (zlp code)	(country)	
I declare under penalty of perjury that the foregoing is true and c	orrect.				
Executed in <u>Be Xer</u> c	county, State of $\overline{Iexa5}$ , on the	17	day of <u>DECent</u> (menth		
	Signature of authorized agent of o	ontraction	ng business entity	,	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2020-700199			
	Doggett Freightliner of South Texas, LLC		2020	-100199		
	Converse, 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	12/1	7/2020		
	being filed.		D-4-	A =   =		
	City of McAllen			Acknowledged: 1/2021		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided to account of the services.	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	ide a	
	12-20-P10-174 Eleven new current model cab & chassis with various refuse	bodies.				
4				Nature of	·	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
Do	oggett Industries Investments, LLC	DallasDallas, TX United States			Х	
Do	oggett, William	Houston, TX United States		Х		
	•					
				!		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3		
	My address is(street)	(city) (s	tate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of, on the		day of(month)	, 20 (year)	
				(monu)	(year)	
		Signature of authorized agent of cor	ntractin	ig business entity		
	(because)					

	CERTIFICATE OF INTERESTED PARTIES		FOR	и 1295
				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	·	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.		cate Number: 672253	
	Food Bank of the Rio Grande Valley Pharr, TX United States	Date F		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	09/28	/2020	r <sup>e</sup>
	City of McAllen	Date A	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.  B-20-MC-48-0506  Food assistance for up to 250 Seniors living in Public Housing at a rate of \$.19 per pound for 118 months.		ounds of food	for 11
4	Name of Interested Party City, State, Country (place of busin	(222	Nature of (check ap	- 1
	Name of interested Party City, State, Country (place of busin	-	Controlling	Intermediary
				127
		<u></u>		
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1				
-				
i.	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION		1	
	My name is STUART 1.R. Hante	birth is	82/20/	(69' .
A Part of the Control	My address is 705 E La Canteva, #3 MoAlleh T	X tate)	78503 (zip code)	HADINO)
	I declare under penalty of perjury that the foregoing is true and correct.			:
	Executed in Hidal go County, State of Texal on the	300	ey of <u>OCTOB</u> (month)	27, 20 <u>70</u> (year)
			(············)	
	Signature of amborized agent of cor	ntracting	business entity	
F	orms provided by Texas Ethics Commission www.ethics.state.tx.us		Version	V1.1.3a6aaf7d

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE RTIFICATION	1
1	Name of business entity filing form, and the city, state and count	ry of the business entity's place	Certif	ficate Number:	
	of business.		2020	-672253	
	Food Bank of the Rio Grande Valley				
	Pharr, TX United States		1	<b>Filed:</b> 3/2020	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	09/20	5/2020	,
	City of McAllen		Date	Acknowledged:	
	ong or morning		01/28	3/2021	
3	Provide the identification number used by the governmental entit	ty or state agency to track or identif	y the co	ontract, and prov	/ide a
J	description of the services, goods, or other property to be provide	led under the contract.		-	
	B-20-MC-48-0506				
	Food assistance for up to 250 Seniors living in Public Housing	g at a rate of \$.19 per pound for 11	8,250	pounds of food	for 11
_	months.			Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
	Author Interest and	, , , , , , , , , , , , , , , , , , , ,	,	Controlling	Intermediary
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l					
5	Check only if there is NO Interested Party.	*			
6	UNSWORN DECLARATION				
1	My name is	and my date o	of birth i	s	
ļ	wiy flatile is	and my date c		<u> </u>	·
Ī	My address is		_		
l	(street)	(city)	(state)	(zip code)	(country)
1	, ,				
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
Ì					
l	Executed inCount	ty, State of, on the	ə		
				(month)	(year)
l					
		Signature of authorized agent of co	ontractin	ng business entity	
1		(Declarant)			

Complete Nos: 1 - 4 and 6 if there are interested parties.			OFFICE USE	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie  Name of business entity filing form, and the city, state and	and the second of the second o	Lance Control	RTIFICATION ficate Number:	OF FILING
of business. COMMUNITY HOPE PROJECTS, INC	de la composição de la co La composição de la compo		-665578	
McAllen, TX United States			Filed:	٠ - المراجع الم
Name of governmental entity or state agency that is a part being filed.	y to the contract for which the form is	09/0	9/2020	
CITY OF MEALLEN		Date	Acknowledged:	
Provide the Identification number used by the government	tal entity or state agency to track of ide	ntify the c	ontract, and pro	vide a
description of the services, goods, or other property to be	provided under the contract.			
B20MC480506 HEALTH SERVICES		1		
		<u>. مُس زار را</u> در آدر داده	Nature o	of interest
Name of Interested Party	City, State, Country (place of b	usiness)	(check a	pplicable)
	The second of th		Controlling	Intermedia
		سه امرین گرا <u>یستان</u> د مدرون میشوند	المرابع	
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		Z-11/2000		
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		بر شمرین. است میگارد		
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<u>and the second section of the second section is the second section of the second section of the second section is the second section of the second section of the second section is the second section of the section of the second section of the </u>		<u> </u>		
Check only if there is NO Interested Party.	Dinamanan di Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupatèn Kabupat Kabupatèn Kabupatèn		ه مهر در درگاری از در مستسمست. سر در در در در در مستسری در این	1
		1		
UNSWORN DECLARATION		ر از در	:111	1 ( d )
My name is KOOCCO NOCKE	and my da	te of birth is	<u>, 817119</u>	<u>178</u>
My address is 2332 Jurdan Ra	MiAllon	ty	78503	115A
(street)	(city)	(state)	(zip code)	(country)
I declare under penalty of perjury that the foregoing is true and	Control of the Contro	معمل میں کا ایر مار کا انداز کا ایک	از آمسین دامر ۱۳۰۰ و در آم استامی اینان و آمسین آم استامی اینان آمسین	لىمىيىنى ئىچ رىسىسى دارى
Harley	TIME (1)	OH	2 6.1	
Executed in 1110000	County State of Jol X (A X ), or	the //	day of <u>(DH</u> (month)	/\ <i>K</i> 20 <u>)</u> C (year)
ロングールス ブロッ 光信用 デーエンングでご		والمراجع المتعارض	(month)	(year)
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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	
1	Name of business entity filing form, and the city, state and count of business.	try of the business ent	ity's place		icate Number: -665578	
	COMMUNITY HOPE PROJECTS, 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 th	e form is	09/09	9/2020	
	CITY OF MCALLEN		:		Acknowledged: 3/2021	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			the co	ontract, and prov	ride a
	B20MC480506 HEALTH SERVICES					
_					Nature of	interest
4	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	plicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of	birth is	i	·
	My address is(street)	,(city)		, :ate)	(zip code)	., (country)
	· ·		(SI	ale)	(%ih code)	(Gouriay)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	ty, State of	, on the	(	day of(month)	, 20 (year)
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				ONLY OF FILING	
	Name of business entity filing form, and the city, state and country of the business entity's place of business. Easter Seals Rio Grande Valley McAllen, TX United States			Certificate Number: 2020-665066 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract f being filed. Easter Seals Rio Grande Valley	or which the form is	09/08/2020  Date Acknowledged:			
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 B-20-MC-48-0506  Therapy services	igency to track or identify ne contract.				
4	Name of Interested Party City, State	e, Country (place of busine	ess) (cl	neck ap	f interest oplicable)	
		MA*-1	Contro	iling	Intermediary	
	<u> </u>					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	***************************************			<u> </u>	
	My name is PATRICIA COSENILUKO	, and my date of b	oirth is <u>/)3</u> -	13-	1959 .	
	My address is 3505 Los Fodios Parkway . M. (street)	(city) (sta	X . 786 ate) (zip co	<u>5 72</u> de)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hadalgo County, State of	<i>Tes/45</i> , on the <u>\$</u>	2_day of <u>\$</u>	month)	, 20 <u>♪</u> 。 (year)	
	_ Parine	in Kosenh.	- approx			
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILIN						
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2020-665066				
	Easter Seals Rio Grande Valley					
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	L	Filed: 8/2020		
_	being filed.		Data	Acknowledged:		
	Easter Seals Rio Grande Valley			9/2021		
3	Provide the identification number used by the governmental enti		the c	ontract, and prov	ide a	
	description of the services, goods, or other property to be provided B-20-MC-48-0506	ded under the contract.				
	Therapy services					
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
-						
					<u> </u>	
					-	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3	<u> </u>	
١	My address is		-			
	(street)		state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	ty, State of, on the				
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					

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	and the property of the property of the periods build a black			Certificate Number:		
	Children's Advocacy Center of Hidalgo County, Inc			673600		
	Edinburg, TX United States		Date F			
2	Name of governmental entity or state agency that is a party to the contract for being filed.	or which the form is	09/30	/2020		
	City of McAllen Community Development Department		Date 4	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	gency to track or identify e contract.	the co	ntract, and prov	/ide a	
	B-20-MC-48-0506.					
	Services to abused and neglected children.					
4			·	Nature of	interest	
	Name of Interested Party City, State,	Country (place of busin	ess)		k applicable)	
		And the second s		Controlling	Intermediary	
				***************************************		
		- 42000	1			
···		<u> </u>				
<u>.                                    </u>						
		<u> </u>				
					-	
			L			
5	Check only if there is NO Interested Party.					
<b>3</b> :	UNSWORN DECLARATION		<del></del>			
1	My name is <u>Jesus</u> A. Sanchez My address is <u>525 W. Wiscansin</u> Rd <u>Ed</u>	, and my date of b	irth is	04/08/	1975	
ì	My address is 525 W. Wisconsin Dd E.		. :	7000	.ora	
	(street)	(city) S (state	(e)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in	Texas on the	16t	of Detaker	20.20	
	Q.		<u></u>	(month)	(year)	
		11/2				
	Signature o	authorized agent of contra	acting b	usiness entity		
orr	ns provided by Texas Ethics Commission	(Declarant)		*		

FORM **1295** 

	110 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 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 count	ny of the husiness en	tity's nlace	Certif	ficate Number:	
_	of business.	ny or the business en	any 3 place		-673600	
	Children's Advocacy Center of Hidalgo County, Inc					
	Edinburg, TX United States				Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	he form is	09/30	0/2020	
	City of McAllen Community Development Department			Date	Acknowledged:	
	,			01/29	9/2021	
3	Provide the identification number used by the governmental entit			the co	ontract, and pro	vide a
	description of the services, goods, or other property to be provide	led under the contrac	:t.			
	B-20-MC-48-0506.					
	Services to abused and neglected children.					
<u> </u>	1				Nature o	f interest
4	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap	oplicable)
					Controlling	Intermediary
	M					
L						
5	Check only if there is NO Interested Party.					
	x					
6	UNSWORN DECLARATION	<del></del>				
	Mu mana ia		and data at	المائدا		
	My name is		, and my date of	DIETT 19	i	•
	My addraga is					
	My address is(street)	,(city)	,,,	tate)	(zip code)	(country)
ĺ	(	7-797	,,	,	, ,,	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
ĺ	Executed in Count	y, State of	on the		day of	, 20 .
	Exceded iiiCount	y, oldio oi	, on the		(month)	
					, <b>,</b>	. ,
		Signature of author	ized egent of con	tractin	a hucinges antity	
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USI	8	
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  Comfort House Services, Inc.  McAllen, TX United States  Certificate Number: 2020-689582					
2	Name of governmental entity or state agency that is a party to the contract for which the form being filed.  City of McAllen CDBG		11/13/2020  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.  B-20-Mc-48-0506  We provide a ten bedroom home for the terminally ill that have a prognosis of four month.		·	vide a	
4	Name of Interested Party City, State, Country (place	of business)	(check a	of interest pplicable)	
-			Controlling	Intermediary	
			:		
		· · · · · · · · · · · · · · · · · · ·	-	200000000	
			Name of the second seco		
		**************************************			
5	i Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		THE COLUMN PROPERTY OF THE COLUMN PARTY OF THE		
Andreas Commencers.	A The Control of the	y date of birth	is 10.30.	<u> 14.</u>	
- Andread Strategy and Andread	My address is 10 1 Dalla ( Ave , Mc Allen (city)	, <u>TX</u> (state)	, 1850 l (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.	اً مصاً	<b>И</b>		
avenue mercena	Executed in Hidal 40 County, State of Exas	_, on the 13	day of(month	, 20 <u>Zo</u> . ) (year)	
ACOUNTY AND ADDRESS OF THE PERSONS	_ d.w-			, ,	
	Signature of authorized ag (Decla	ent of contracti rant)	ng business ëntity	/	

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.		<u></u>	OFFICE USE			
				Certificate Number:			
	of business. Comfort House Services, Inc.	2020	2020-689582				
	McAllen, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	11/1	3/2020			
	City of McAllen CDBG			Acknowledged: 9/2021			
3	Provide the identification number used by the governmental enti	tv or state agency to track or ide			ide a		
3	description of the services, goods, or other property to be provide						
	B-20-Mc-48-0506 We provide a ten bedroom home for the terminally ill that hav	e a prognosis of four months o	r less to li	ve.			
4	Name of Interested Party	City, State, Country (place of I	uleinace)	Nature of (check ap			
	Name of interested Farty	ony, state, country (place or i	ruameaa)	Controlling	Intermediary		
i		•					
			-				
5	Check only if there is NO Interested Party.			·			
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth i	s	<u></u> .		
					,		
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	Executed inCount	ry, State of, o	n the	day of	, 20		
	·	· -		(month)	(year)		
		Signature of authorized agent		ng business entity			
ĺ	(Declarant)						

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295	
=			<del></del>		1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE RTIFICATION		
1	of business.	itry of the business entity's place		ificate Number: 0-678057		
	Access Esperanza Clinics Inc. McAllen, TX United States		1	Filed:		
2	being filed,	ne contract for which the form is		10/13/2020		
	City of McAllen	1	Date	Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify ided under the contract,	the co	ontract, and prov	vide a	
	B-20-MC-48-0506 Health Care services					
4		T		Nature o	f interest	
*	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
_				Controlling	Intermediary	
A	ccess Esperanza Clinics Inc.	McAllen , TX United States	!	х		
	·					
		·				
	Check only if there is NO Interested Party.					
6	unsworn declaration  My name is   Atricio C Gonzáles	and my date of	bleth is	April 1	9 1952	
	My address is 916 E. Hackberry A	up H. A. Heal	7	105-11	1161	
	(street)	(city) (s	late)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed in Hillargo Coun	nty, Stale of <b>72XA5</b> , on the	134	day of <i>Octobe</i> (month)	<u>(r</u> , 20 <u>20</u> . (year)	
	(-	Poterio A Horse		, )		
ļ	<del></del>	Signature of authorized agent of con (Declarant)	itractin	g business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2020-678057					
	Access Esperanza Clinics Inc.						
2	McAllen, TX United States	o postupot for which the forms in		Filed: 3/2020			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is					
	City of McAllen			Acknowledged: 2/2021			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	vide a		
	B-20-MC-48-0506 Health Care services						
4	Nome of Intersected Dayler	City Clate Country (along the size	\	Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable) Intermediary		
Αc	cess Esperanza Clinics Inc.	McAllen , TX United States		Х			
					·		
					, ,, <u>,,,</u>		
	·						
5	Check only if there is NO Interested Party.	l.		<u> </u>			
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	3	·		
	My address is		,		,		
İ	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	y, State of, on the		day of	, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are Interested parties. 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. 2021-710662 TEXAS CORDIA CONSTRUCTION, LLC Edinburg, TX United States Date Filed: 01/27/2021 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. 3 Gardenia Ave at 112th St. Drainage Improvements Nature of Interest City, State, Country (place of business) Name of Interested Party (check applicable) Controlling Intermediary X Heredia, COO, Isaac Edinburg, TX United States Edinburg, TX United States Х Corbitt, PE, CEO, Yara 5 Check only if there is NO Interested Party. П 6 UNSWORN DECLARATION My name is Yara M. Corbitt, PE, CEO , and my date of birth is My address is \_ 3149-A Center Pointe Drive Edinburg 78539 USA (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas. , on the <u>28</u> day of <u>January</u> Executed in \_ 20 21

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

ignature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

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				
<ol> <li>Name of business entity filing form, and the city, state and cour of business.</li> </ol>	Name of business entity filing form, and the city, state and country of the business entity's place of business				
TEXAS CORDIA CONSTRUCTION, LLC		2021	-710662		
Edinburg, TX United States		Date I	=iled: /2021		
<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	01/27	12021		
City of McAllen			Acknowledged: /2021		
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identif	y the co	ntract, and pro	vide a	
01-21-C10-378	ded dilaci the contract.				
Gardenia Ave at 112th St. Drainage Improvements	·.				
	<u> </u>		Nature o	f interest	
4 Name of Interested Party	City, State, Country (place of busin	ness)	plicable)		
			Controlling	Intermediary	
Heredia, COO, Isaac	Edinburg, TX United States		Х		
Corbitt, PE, CEO, Yara	Edinburg, TX United States		Х		
	·				
				'	
	<u> </u>	<b>-</b> -			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name is	, and my date of	birth is			
My address is(street)		tate)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and corre	ct.				
Executed inCount	ty, State of , on the	da	ay of	, 20	
			(month)	(year)	
	Circusture of authorized areas of sec	drantina	hucinosa anti-	***************************************	
Signature of authorized agent of contracting business entity (Declarant)					

CERTIFICATE OF INTERESTED PA	RTIES	FOF	км <b>129</b> 5
	·		1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
<ol> <li>Name of business entity filing form, and the city, state and co of business.</li> </ol>	ountry of the business entity's place	Certificate Number: 2021-708083	
TEXAS CORDIA CONSTRUCTION, LLC EDINBURG, TX United States		Date Filed:	
2 Name of governmental entity or state agency that is a party to being filled. City of McAllen	o the contract for which the form is	01/20/2021 Date Acknowledged	•
Provide the identification number used by the governmental description of the services, goods, or other property to be property to be property to be property to be property.	entity or state agency to track or identify ovided under the contract.	the contract, and pro	vide a
Sarah Avenue Storm Sewer Bypass Project			
Name of Interested Party	City, State, Country (place of busine	ess) (check a	f interest oplicable)
		Controlling	Intermediary
HEREDIA, ISAAC	Edinburg, TX United States	X	
CORBITT, PE, CEO, YARA	EDINBURG, TX United States	Х	
NATIONAL PROPERTY AND ADMINISTRATION OF THE PROPERT			
Check only if there is NO Interested Party.			
UNSWORN DECLARATION			<del>1                                    </del>
My name is Yara M. Corbiu, PE, CEO	, and my date of b	irth Is	
My address is 3149-A Center Pointe Drive (street)	, Edinburg , TX		, <u>ASU</u> ,
I declare under penalty of perjury that the foregoing is true and cor	(city) (sa	ile) (zip code)	(country)
		21 day of January	, 20 <u>21</u> .
		(month)	(year)
	No.		
	Signature of authorized agent of conti (Declarant)	acting business entity	

#### **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-708083 TEXAS CORDIA CONSTRUCTION, LLC EDINBURG, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 01/20/2021 being filed. City of McAllen Date Acknowledged: 02/10/2021 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. 01-21-C09-376 Sarah Avenue Storm Sewer Bypass Project Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary HEREDIA, ISAAC Edinburg, TX United States Х EDINBURG, TX United States X CORBITT, PE, CEO, YARA 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is My name is\_ My address is \_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_ (month) (vear)

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

-						
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE USI			
L .	I didnice of properties street, with a factor was easily again, again, a and a manuscra assert a house			Certificate Number: 2021-718401		
	Luminator Technology Group	Data	r:Bed:			
	Plano, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is		Fited: 9/2021			
•	being filed.	Data	Acknowledged:			
	City of McAllen	Date	Wevilousenâea:			
3	Provide the Identification number used by the governmental entity or state agency to track or identification of the services, goods, or other property to be provided under the contract.	fy the co	ontract, and pro	vide a		
	PROJECT NO. 02-21-P18-01 PROJECT NO. 02-21-P18-01 PURCHASE OF THIRTEEN (13) BUS SURVEILLANCE SYSTEM	MS				
_				f interest		
4	Name of Interested Party City, State, Country (place of bus	iness)		pplicable)		
			Controlling	Intermediary		
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			<del>_</del>			
5	Check only if there is NO interested Party.					
6	UNSWORN DECLARATION		12/20/1	91.6		
	My name is KOBETT KOD?ZTGUE? and my date	of birth is	7501	104		
	My address is 900 Klean Ro . There	/X.	75074	<u>.</u>		
	(street) (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.			• .		
	College TEVAC	719	FERRUM	121 on 71		
	Executed inCounty, State ofConft	e <u>- '</u> '	(month)	year)		
	In the second second second second second second second second second second second second second second second			\$ 		
	All and the second seco					
	Signature of authorized agent of c (Declarent)	ontractin	g business entity			
یا	1) 16 The Philip Commission was a value of the detailer at			n V1 1 coffd08		

#### 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. 2021-718401 **Luminator Technology Group** Plano, TX United States Date Filed: 02/19/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 02/19/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 02-21-P18-01 PROJECT NO. 02-21-P18-01 PURCHASE OF THIRTEEN (13) BUS SURVEILLANCE SYSTEMS Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ **6 UNSWORN DECLARATION** and my date of birth is My name is \_ My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_, on the \_\_\_\_\_, \_day of \_ (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

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.		CERT	OFFICE USE TIFICATION	
l	Name of business entity filing form, and the city, state and country of the business of business.	entity's place		ate Number: 703407	
	Boggus Motor Sales		Date Fi	iled:	
	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which	h the form is	01/06/		
2	being filed.	• • • • • • • • • • • • • • • • • • •	م نند ه	almaniladaadt	
	City of McAllen		Date A	cknowledged:	
				treet and area	ida a
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 con-	to track of identify tract.	, the cor	itract, and prov	ue a
	12-20-P09-78 Purchase of twenty two (22) New police packaged vehicles				
_				Nature of	1
4	Name of Interested Party City, State, Cou	ntry (place of busin	ness)	(check ap	
				Controlling	Intermediary
			.		
		· · · · · · · · · · · · · · · · · · ·			
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-		· · · · · · · · · · · · · · · · · · ·			<u> </u>
ę	5 Check only if there is NO Interested Party.				
ŀ	6 UNSWORN DECLARATION				70
	My name is RY, VC OCH COSTCC	, and my date	of birth is	12-09	- 10
	My name is 19301 Sylvia Rd E19	5A .	TX	78543	w.
	My address is 19.201 3 (street)	city)	(state)	(zip code)	(country)
	the standard the favoraing in true and correct				4
	I declare under penalty of perjury that the foregoing is true and correct.	CV 145	10	Jan	very 7
	Executed InCounty, State of	, on th	10 4	day of	, 20 \
١		' .		fuotita	, (300.)
	· · · /ar	u 1 _	~		
	Signature of a	ulthorized agent of o	contractio	tusiness entit	y
	Signature of C	(Deeleruni)	(	ン	

#### **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: 2021-703407 of business. **Boggus Motor Sales** Date Filed: McAllen, TX United States 01/06/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 02/22/2021 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. 12-20-P09-78 Purchase of twenty two (22) New police packaged vehicles Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is \_ My name is \_ My address is \_\_\_ (country) (zip code) (street) (city) (state) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of Executed in \_ (year) Signature of authorized agent of contracting business entity

(Declarant)

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-721191 Austin Armature Works Date Filed: **Buda, TX United States** 02/26/2021 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 one Raw water Pump and Motor Replacement 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. Х 6 UNSWORN DECLARATION and my date of birth is 07-19-1977My name is Clayton Tischler My address is 617 Rebecca Lane 78602 USA Bastrop (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas Executed in Hays ture of authorized agent of contracting business entity

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2021-721191 Austin Armature Works **Buda, TX United States** Date Filed: 02/26/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 02/26/2021 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 one Raw water Pump and Motor Replacement Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X UNSWORN DECLARATION , and my date of birth is My name is \_ My address is\_ (state) (country) (street) (city) (zip code) I declare under penalty of perjury that the foregoing is true and correct. County, State of \_\_\_\_\_, on the \_\_\_ Executed in (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PART	ΓIES		FOR	м 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USI		
1	Name of business entity filing form, and the city, state and count of business.  LAKE COUNTRY CHEVROLET	ry of the business entity's place	2021	iicate Number: -703012 Filed:		
2	JASPER, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/05/2021			
-	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.	ty or state agency to track or identify led under the contract.	the co	ontract, and pro	vide a	
	12-20-P09-78 TWENTY - TWO (22) NEW 2021 POLICE PACKAGE VEHICL	LES				
					f interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)		plicable)	
				Controlling	Intermediary	
DO	DNALSON, DREW	JASPER, TX United States		Х		
				·		
_						
5	Check only if there is NO Interested Party.					
6	My name is	, and my date of I	birth is	·		
	My address is 2152 M. Whele	r Jasper . [st	<u>}</u>	75951 (zip code)	, U.S., (country)	
	I declare under penalty of perjury that the foregoing is true and correct	i <b>t.</b>	Ē			
	Executed inCounty	y, State of X on the	<u>_</u>	ay of(month)	, 20 <u>)</u> .	
	Z Z	e Lb Con	Q	l.		
		Signature of authorized agent of cont (Declarant)	แลงใหญ่	business entity		

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-703012 of business. LAKE COUNTRY CHEVROLET Date Filed: JASPER, TX United States 01/05/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: CITY OF MCALLEN 02/23/2021 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. 12-20-P09-78 TWENTY - TWO (22) NEW 2021 POLICE PACKAGE VEHICLES Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х JASPER, TX United States DONALSON, DREW 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_\_ My name is \_ My address is \_ (country) (state) (zip code) (street) (city) I declare under penalty of perjury that the foregoing is true and correct. \_County, State of \_\_\_\_\_, on the \_\_\_ Executed in \_\_\_\_\_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	TIES		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.		CE	OFFICE USI RTIFICATION	i	
•	Name of business entity filing form, and the city, state and coun of business. GRAPEVINE DCJ, LLC	try of the business entity's place	2021	ficate Number: -719974		
GRAPEVINE, 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				Filed: 4/2021 Acknowledged:		
1	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid 12-20-P09-78 PURCHASE OF POLICE VEHICLES	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
4				Nature of interest		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check a)	pplicable) Intermediary	
BU	EHLMAN, BRANDON	GRAPEVINE, TX United States		X	wite the cate of y	
•				·····		
				,		
		*** <u>.</u>				
	Check only if there is NO Interested Party.					
6 t	INSWORN DECLARATION				:	
ŕ	My name is <u>Deunes Thomas</u>	, and my date of i	oirth is	<u> </u>	<u>78</u>	
	My address is 2601 William Take (street)	Grafia Stra	ate)	(zip code)	, USA.	
	declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed in Count	y, State of, on the	<u>24</u> a	ay of February (month)	20 <u>21</u> . (year)	
		Signature of authorized agent of cont (Declaran:)	racting	business entity		

## FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-719974 GRAPEVINE DCJ, LLC GRAPEVINE, TX United States Date Filed: 02/24/2021 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: 02/24/2021 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. 12-20-P09-78 PURCHASE OF POLICE VEHICLES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling. Intermediary **BUEHLMAN, BRANDON** GRAPEVINE, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_ \_, and my date of birth is My address is \_\_\_ (street) (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_ (month) (vear) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

4	CERTIFICATE OF INTERESTED PAR	TIES	•	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.		CE	OFFICE USI	
1	Name of business entity filing form, and the city, state and coun of business. SILSBEE FORD	try of the business entity's place	2021	ficate Number: -703007	
	Beaumont, TX United States			Filed: 5/2021	
	Name of governmental entity or state agency that is a party to the being filed. 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 provid 12-20-P09-78 TWENTY-TWO (22) 2021 POLICE PACKAGE VEHICLES	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)	(check ap	f interest oplicable)
				Controlling	Intermediary
ĎC	NALSON, DREW	JASPER, TX United States		Х	
				٠	
					· · ·
		<u> </u>	<u> </u>		
5	Check only if there is NO Interested Party.				·
6	UNSWORN DECLARATION				
	My name is H. Glen Ancel	and my date of I	birth is	3-21	<u>o-58.</u>
	My address is 311 U.S. (street)	(city) (str	ale)	<u> (zip code)</u>	(country)
	I declare under penalty of perjury that the foregoing is true and correct Executed inCounty	y, State of on the_	<u>5</u>	ay of	
		Jac.	<u>)</u>	(month)	(year)
	way at	Signature of authorized agent of cont (Declarant)	racting	<u> </u>	V1 1 celid98a

#### 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. 2021-703007 SILSBEE FORD Beaumont, TX United States Date Filed: 01/05/2021 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: 02/23/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. TWENTY-TWO (22) 2021 POLICE PACKAGE VEHICLES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary JASPER, TX United States Х DONALSON, DREW 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_ \_\_\_\_\_, and my date of birth is \_ My address is\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_County, State of \_\_\_\_\_, on the \_\_\_ Executed in \_\_\_\_ (month) Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE		
1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  Certificate Number: 2021-723640							
	Gregory Strategies LLC Austin, TX United States			Date Filed:			
	Name of governmental entity or state agency that is a party to th	e contract for which the f	orm is		5/2021		
	being filed.  McAllen Public Utility			Date	Acknowledged:		
	with abit office				<b></b>		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide	ty or state agency to trac led under the contract.	k or identify	the co	ontract, and prov	ride a	
	Gregory Strategies LLC Strategic Consulting Services and Lobbying						
4					Nature of		
	Name of Interested Party	City, State, Country (pla	ace of busine	ess)	(check ap	plicable) Intermediary	
			-, <b>,</b>		Controlling	Memberiary	
						_	
	· · · · · · · · · · · · · · · · · · ·						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is David Whitley	, an	d my date of	oirth is	October 18	5, 1982	
	My address is1122 Colorado St., Ste. 2399	Austin	, <u>T</u> X		78701 (zip code)	, <u>USA</u>	
	(street)	(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of TX	, on the	5th (			
		204	ALAH	_	(month)	(year)	
		Signature of authorized	agent of con eclarant)	tractin	g business entity		

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
4				CERTIFICATION OF FILING Certificate Number:		
1	of business.		-723640			
	Gregory Strategies LLC					
_	Austin, TX United States	a contract for rubish the form is		Date Filed: 03/05/2021		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	00,00	J. 2021		
	McAllen Public Utility			Acknowledged:		
				5/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a	
	Gregory Strategies LLC					
	Strategic Consulting Services and Lobbying					
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)	
				Controlling	Intermediary	
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				:		
-				1		
	*					
-						
5	Check only if there is NO Interested Party.				·	
_					<u></u>	
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	\$		
	My address is(street)		,	(zip code)	, (country)	
	(Sireet)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
l						
l	Executed inCoun	ty, State of, on the	***********	day of(month)		
1				(monus)	(your)	
		Signature of authorized agent of co	 ntractir	ng business entity		
	(Declarant)					

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-725759 of business. Andale Construction, Inc. Date Filed: Wichita, KS United States 03/10/2021 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen, TX 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. 2021 - High Density Mineral Bond Installation Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION Peter J. Molitor - President 04/21/1978 and my date of birth is\_ My name is Andale KS 67001 USA P O Box 65 My address is (city) (state) (zip code) (country) (siceet) I decigre under penalty of perjury that the foregoing is true and correct. Kansas , on the 10th day of March Sedgwick Executed in \_ County, State of (year) Peter J. Molitor - President Signature of authorized agent of contracting business entity

FORM 1295

			T	OFFICE HOF	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.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	filing form, and the city, state and country of the business entity's place				
	Andale Construction, Inc.			•		
	Wichita, KS United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is		03/10/2021		
	City of McAllen, TX			Acknowledged: .0/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and prov	/lde a	
	03-21-C1401					
	2021 - High Density Mineral Bond Installation	:				
				1		
4	Blome of Interested Party	City, State, Country (place of busin	acel	Nature of (check ap		
	Name of Interested Party	City, State, Country (place of busin	Controlling	Intermediary		
				Controlling	intermediary	
				<del>                                     </del>	·	
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	•					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				·	
	My name is	, and my date of	birth is	3		
		<u></u>				
	My address is				··	
	(street)	(city) (si	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed inCounty	y, State of, on the			, 20	
				(month)	(year)	
	and the state of t					
		Signature of authorized agent of con (Declarant)	tractin	g business entity		
	(Countrie)					

	CERTIFICATE OF INTERESTED PAR	RTIES		FOR	и 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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		ficate Number: L-721216	•
	Upper Valley Materials, LLC d/b/a CAPA Palmview, TX United States			Filed: 6/2021	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	ne contract for which the form is		Acknowledged:	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov 02-21-P17-63  Purchase & Delivery of Type D Hot Mix Asphaltic concrete (2)	ided under the contract.		ontract, and prov	/ide a
	Purchase & Delivery of Type D Hot with Aspiratic Concrete (a	2021 Single Machine Repairing 1	0,000,	· · · · · · · · · · · · · · · · · · ·	
4	Name of interested Party	City, State, Country (place of bu	siness)	(check ap	interest
	Maine of interested Larry	, , , , , , , , , , , , , , , , , , ,		Controlling	Intermediary
•					
					· · · · · · · · · · · · · · · · · · ·
		:	· . ·		
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	- <del> </del>			
	My name is Larry Hinojosa	, and my date	of birth is	s 11/08/1959	<u></u> ,
	My address is 2806 N 44th LN	, McAllen	TX,	78501	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Hidalgo Cour	nty, State of <u>TEXAS</u> , on t	he <u>26</u>	day of <u>February</u> (month)	, 20 <u>21</u> . (year)
		Larry Hinojo	rsa		
Signature of authorized agent of contracting (Declarant)				ng business entity	

#### **FORM 1295** 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-721216 Upper Valley Materials, LLC d/b/a CAPA Palmview, TX United States Date Filed: 02/26/2021 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 03/10/2021 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. 02-21-P17-63 Purchase & Delivery of Type D Hot Mix Asphaltic concrete (2021 Single Machine Repaying Project) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х 6 UNSWORN DECLARATION \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_\_ My name is \_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ Executed in \_day of \_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

#### **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-721298 Landscape Forms, Inc KalamazooKalamazoo, MI United States Date Filed: 02/27/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: 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. 02-21-P21-01 PURCHASE OF TWENTY-SIX (26) BUS SHELTERS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** Cassi Baker 01/28/1987 My name is and my date of birth is 7800 E Michigan Ave. Kalamazoo 49048 USA My address is (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Kalamazoo Feb County, State of Executed in \_ on the 27 day of (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

#### **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. 2021-721298 Landscape Forms, Inc. Kalamazoo Kalamazoo, MI United States Date Filed: 02/27/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Mcallen 03/01/2021 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. 02-21-P21-01 PROJECT NO. 02-21-P21-01 PURCHASE OF TWENTY-SIX (26) BUS SHELTERS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $\mathbf{x}$ **6 UNSWORN DECLARATION** , and my date of birth is My name is \_\_ My address is (city) (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_County, State of \_\_\_\_ \_\_\_\_\_, on the \_\_\_\_day of Executed in \_\_\_ Signature of authorized agent of contracting business entity (Daclarant)

CERTIFICATE OF INTERESTED PARTIES

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
	Name of business entity filing form, and the city, state and coun of business.  Cooper Equipment Company	itry of the business entity's place		ficate Number: -727296		
	San Antonio, TX United States		Date			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	03/16	5/2021		
	City of McAllen		Date /	Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
	02-21-P20-03 Purchase of one new Asphalt Paver			÷.		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	f interest oplicable)	
				Controlling	Intermediary	
					· · · · · · · · · · · · · · · · · · ·	
			· ·			
			i . :			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Meaan Cooper	, and my date of b	oirth is	10/28,	11983	
	My address is 5210 N LOOD 1604 E	San Antonio T	Χ.,	78247 '	USA.	
	(street)	(city) (sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.		•		
	Executed in KCXAV Count	ry, State of <u>TLXQ</u> , on the _	<u> </u>  Qo	ay of <u>Marc</u> (month)	1. 20 <u>0</u> . ]. (year)	
		11 M		>		
		Signature of authorized agent of control	racting	business entity		
-	rms provided by Texas Ethics Commission www.et	hics state tx us			V1 1 ceffd98a	

## 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. 2021-727296 Cooper Equipment Company 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 03/16/2021 being filed. City of McAllen Date Acknowledged: 03/16/2021 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 one new Asphalt Paver Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ 6 UNSWORN DECLARATION My name is\_ My address is \_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ Executed in \_ (vear) Signature of authorized agent of contracting business entity

(Declarant)

FORM 1295

					7017	
	Complete 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 the business entity's place of business.			Certificate Number: 2021-729075		
	McGuireWoods Consulting			120010		
	Austin, TX United States		Date F	îled:		
2	Name of governmental entity or state agency that is a party to the co	ontract for which the form is	03/22/2021			
	being filed.					
	City of McAllen		Date A	.cknowledged:		
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided		the cor	ntract, and prov	ride a	
	08-20-S80-01					
	consulting services for state government representation					
4				Nature of		
•	Name of Interested Party C	ity, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
					<del></del>	
					10 .	
			+			
	· · · · · · · · · · · · · · · · · · ·					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Holly Dishields	, and my date of b	oirth is _	1/3/19	181	
	My address is 100 Mohle Drive	. Austin 1	ζ_,	1810	3USA	
	(street)	(city) (sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in TRAVIS County, S	State of Texas, on the	23 da		<u>1, 20 21 .</u>	
		1/1501		(month)	(year)	
	ANVIller -					
		Signature of authorized agent of cont (Declarant)	racting	business entity		

FORM **1295** 

						1 Of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	ry of the business en	tity's place		icate Number: -729075	
	McGuireWoods Consulting					
	Austin, TX United States			Date F		
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	03/22	/2021	
	being filed. City of McAllen				Acknowledged: /2021	
						.t
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 led under the contrac	track or identify t.	the co	ntract, and prov	/ide a
	08-20-S80-01					
	consulting services for state government representation					
					Nature of	interest
4	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap	plicable)
					Controlling	Intermediary
			<del>- "</del>			
		<u> </u>	<u></u>			
_		<del></del> .	<u></u>			
		·	<u></u> .		- ·	
	· · ·					
	-		•			
			<u> </u>			
		·	· <del></del>		<del>=</del>	.==
_						<u></u>
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	<u> </u>				
	My name is		, and my date of	birth is		•
	My address is(street)	(city)		tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCount	y, State of	, on the		day of	, 20
					(month)	
			<u></u>			
Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES		FOR	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 CERTIFICATION			
<ol> <li>Name of business entity filing form, and the city, state and c of business.</li> </ol>	Name of business entity filing form, and the city, state and country of the business entity's place of business.				
Park Place Recreation Designs, Inc. San Antonio, TX United States	<u> </u>	Date Filed: 03/24/2021			
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 description of the services, goods, or other property to be p	entity or state agency to track or identify rovided under the contract.	the contract, and pro	vide a		
Project 03-21-P24-01  Purchase and installation of playground equipment for La	Vista Park				
4			f interest oplicable)		
Name of Interested Party	City, State, Country (place of busin	Controlling	Intermediary		
Ahrens, Robert	San Antonio, TX United States	×			
Ahrens, Marilyn	San Antonio, TX United States	X			
Ahrens, Andrew	San Antonio, TX United States	X			
	- Annual -				
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION		1 /			
My name is Marilyn Ahrens	and my date of		952		
My address is 4225 Woodbern Dr. (street)	San Antonio T	1 78218 (zip code)	. <u>USA</u> . (country)		
I dectare under penalty of perjury that the foregoing is true and o	correct.				
Executed in Bekar C	County, State of TEXAS, on the	24th day of Mere (month)	<u>ト, 20 Zし</u> . (year)		
	mariful	Mus	(Jear)		
	Signature of authorized agent of cor (Declarant)	ntracting business entity			

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-730404 of business. Park Place Recreation Designs, Inc. Date Filed: San Antonio, TX United States 03/24/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 03/24/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Purchase and installation of playground equipment for La Vista Park Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х San Antonio, TX United States Ahrens, Robert Х San Antonio, TX United States Ahrens, Marilyn Х San Antonio, TX United States Ahrens, Andrew 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_ My name is \_\_\_\_ My address is \_ (state) (zip code) (country) (city) (street) I declare under penalty of perjury that the foregoing is true and correct. County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in (year) (month) Signature of authorized agent of contracting business entity

(Declarant)

CERTIFICATE OF INTERESTED	ERTIFICATE OF INTERESTED PARTIES		FORM 1295		
				1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested partles. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partles.	uties.		FFICE USE		
Name of business entity filing form, and the city, state a of business.	and country of the business entity's place		Certificate Number: 2021-719366		
J Pena Construction Ltd. McAllen, TX United States		Date Fil			
Name of governmental entity or state agency that is a p being filed,	arty to the contract for which the form is	- 02/23/2	2021		
City of McAllen	F				
Provide the identification number used by the governm description of the services, goods, or other property to	ental entity or state agency to track or identi be provided under the contract.	y the con	tract, and prov	ride a	
02-21-C11-477 Anzalduas Bridge Lane Expansion					
Name of Interested Party	City, State, Country (place of busi	nessi	Nature of (check ap		
Marile of like seated vally	0.0,, 0.00.0, 0.00.0, 0.00.0		Controlling	Intermediary	
Pena, Jose	Mc, TX United States	;	X		
5 Check only if there is NO Interested Party.			÷	•	
6 UNSWORN DECLARATION					
My name is Just Pena	, and my date	of birth is _	12/17/1967	·	
My address is 5808 N. 23rd St	McAllen	<u>'(1X</u> ,	78503	USA.	
(street)	(city)	(state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true	TV	22-4	r Kab	20 21	
Executed in Hidalgo	County, State of, on th	ie 23rd da	(month)	, 20 <u>,</u> (year)	
	Sto Pun				
	Signature of authorized agent of c (Declarant)	ontracting	business entity		

	CERTIFICATE OF INTERCEDITION			FOR	м 1295	
	4.				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 of business.  J Pena Construction Ltd.  McAllen, TX United States			Certificate Number: 2021-719366 Date Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	1	3/2021		
	being filed. City of McAllen			Acknowledged: 4/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to 2-21-C11-477  Anzalduas Bridge Lane Expansion	ity or state agency to track or identify ded under the contract.	the co			
4	Name of Interested Party	City, State, Country (place of busin	ess)		f interest oplicable) Intermediary	
Pe	ena, Jose	Mc, TX United States		Х		
		<u> </u>				
5	Check only if there is NO Interested Party.			,,,,,,,,		
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	·	·	
	My address is(street)	(city) (s	, iate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.			:	
		ty, State of, on the		day of		
				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	14 · = 14	
		Signature of authorized agent of con (Declarant)	tractin	g business entity	<u> </u>	

FORM 1295

		TOLI					
Complete 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							
Name of business entity filing form, and the city, state and of business.	Name of business entity filing form, and the city, state and country of the business entity's place of business.						
GARVER, LLC	SARVER, LLC						
HARLINGEN, TX United States		Date Filed:					
<ol><li>Name of governmental entity or state agency that is a party being filed.</li></ol>	to the contract for which the form is	03/26/2020					
MCALLEN PUBLIC UTILITY	Date Acknowledged:						
3 Provide the identification number used by the governmental description of the services, goods, or other property to be p	al entity or state agency to track or identify provided under the contract.	the contract, and provide a					
03-20-S31-267 McAllen PUA North WWTP Headworks Improvements							
4		Nature of interest					
Name of Interested Party	City, State, Country (place of busin						
		Controlling Intermedia					
SCHNIERS, BRENT	HARLINGEN, TX United States	×					
GRAVES, MICHAEL	HARLINGEN, TX United States	×					
HOSKINS, BROCK	HARLINGEN, TX United States	x					
MCILLWAIN, FRANK	HARLINGEN, TX United States	Х					
HOLDER, JR, JERRY	HARLINGEN, TX United States	x					
GRIFFIN, MICHAEL	HARLINGEN, TX United States	×					
JONES, STEVEN	HARLINGEN, TX United States	x					
5 Check only if there is NO Interested Party.							
6 UNSWORN DECLARATION		·					
My name is Frank McIliwain	, and my date of i	oirth is <u>4/7/1975</u> .					
My address is 1906 East Tyler Ave., Suite D	. Harlingen	TX_,78550 . USA .					
(street)		ate) (zip code) (country)					
I declare under penalty of perjury that the foregoing is true and	I declare under penalty of perjury that the foregoing is true and correct.						
Executed in <u>Cameron</u>	County, State of Texas on the						
(month) (year)							
Signature of authorized agent of contracting business entity (Declarant)							

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2020-602558 GARVER, LLC HARLINGEN, TX United States Date Filed: 03/26/2020 Name of governmental entity or state agency that is a party to the contract for which the form is MCALLEN PUBLIC UTILITY Date Acknowledged: 03/31/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 03-20-\$31-267 McAllen PUA North WWTP Headworks Improvements Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary SCHNIERS, BRENT HARLINGEN, TX United States Х GRAVES, MICHAEL HARLINGEN, TX United States Х HOSKINS, BROCK HARLINGEN, TX United States х MCILLWAIN, FRANK HARLINGEN, TX United States Х HOLDER, JR. JERRY HARLINGEN, TX United States Х GRIFFIN, MICHAEL HARLINGEN, TX United States х JONES, STEVEN HARLINGEN, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_ county, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_\_\_\_\_ Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

-					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.  Frontera Consulting Group, LLC  McAllen, TX United States	Certificate Number: 2021-734649			
2	Name of governmental entity or state agency that is a party to the	contract for which the form in	Date I	Filea: 5/2021	٠
-	being filed.	e contract for which the form is	0-7,00	// EUZ1	
	City of McAllen			Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	y or state agency to track or identify ed under the contract.	the co	ntract, and pro	ride a
	Project No 03-21-P25-01				1.
	Network Wifi Equipment at Traffic Intersection				
_			··· T	Nature of	Interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
			- , <sub> </sub>	Controlling	Intermediary
-					
-			+		
			İ		
					· · · · · · · · · · · · · · · · · · ·
			$\exists$		
				· · · · · · · · · · · · · · · · · · ·	
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION			·	
	My name is DAULD ARMSTRONG	, and my date of bl	irth is _	6/9/6	8
	My address is 610 E MARKET ST #330 (street)	6. SAN ANTONIO TX	•	78205	BEXAR
	(street)	(city) (stat	ie)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in <u>GEXAR</u> County,	State of, on the		Acorr	
	County,	orace or, on the	<u></u> da	y of <u>TTPR(C</u> (month)	, 20 <u> /</u> (year)
		DI AH			İ
		Signature of authorized agent of contra (Declarant)	actina l	business entity	
or	ne provided by Tayan Ethios Commission	(Declarant)			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and cou of business.	Certificate Number: 2021-734649				
	Frontera Consulting Group, LLC		l			
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to	the contract for which the form is		Filed: 6/2021		
_	being filed.	the conduct for which the form is				
	City of McAllen			Acknowledged: 6/2021		
3	Provide the identification number used by the governmental e	ntity or state agency to track or identify	the c	ontract, and prov	ide a	
	description of the services, goods, or other property to be pro Project No 03-21-P25-01	vided under the contract.				
	Network Wifi Equipment at Traffic Intersection					
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
_				Controlling	Intermediary	
_						
		<u> </u>				
					-	
5	Check only if there is NO Interested Party.			•		
6	UNSWORN DECLARATION			. <u>.</u>		
	My namo is		h.:_u			
	My name is	, and my date of	DIFTH IS		·	
	My address is				,	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corr	rect.				
	Executed inCou	inty, State of, on the		day of	_, 20	
i		•		(month)	(year)	
		Signature of authorized agent of cor	tracting	g business entity		
	(Declarant)					

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-738859 **Johnson Controls** Corpus Christi, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/15/2021 being filed. Date Acknowledged: City of Mcallen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 04-21-C16-01 REPLACEMENT OF CHILLER AT BUS TERMINAL (GSA) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. Х 6 UNSWORN DECLARATION , and my date of birth is <u>May ろ</u>1,A & で 461 Helenst My address is (city) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_county, State of Texas \_\_\_, on the 15 day of April Executed in Nucces

Signature of authorized agent of contracting business entity

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. 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: 2021-738859 Johnson Controls Date Filed: Corpus Christi, TX United States 04/15/2021 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 04/16/2021 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. 04-21-C16-01 REPLACEMENT OF CHILLER AT BUS TERMINAL (GSA) Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of (year) Signature of authorized agent of contracting business entity

(Declarant)

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 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. 2021-740391 Swagit Productions, LLC Dallas, TX United States Date Filed: 04/19/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 04-21-S25-021 Video Streaming Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Owusu, David Dallas, TX United States Kerr, Daniel Dallas, TX United States Х Х Halley, Bryan Dallas, TX United States 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION Bryan Halley 09/28/1976 and my date of birth is My name is \_\_\_ My address is 12801 N. Central Expy, Suite 900 Dallas 75243 USA (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Dallas County, State of \_\_\_ Texas on the 19 day of \_ April 20 21 Executed in \_\_\_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-740391 Swagit Productions, LLC Dallas, TX United States Date Filed: 04/19/2021 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: 04/19/2021 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. 04-21-S25-021 Video Streaming Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Dallas, TX United States X Owusu, David Kerr, Daniel Dallas, TX United States Х Dallas, TX United States Halley, Bryan Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_ \_, and my date of birth is My address is \_ (street) (city) (state) (country) (zip code) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_ (month)

Signature of authorized agent of contracting business entity (Declarant)

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 plot of business.		Certificate Number: 2021-740700			
	Waukesha Pearce Industries, LLC					
9	Houston, TX United States		ate <b>Filed:</b> 4/20/2021			
Z	Name of governmental entity or state agency that is a party to the contract for which the forn being filed.	nis [U	+12012021			
	City of McAllen	D	ate 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 th	e contract, and pro	vlđe a		
	04-21-P26-01					
	Sale of Construction Equipment, Parts and Service.					
4		· ·		f interest		
-	Name of Interested Party City, State, Country (place	of business	,	pplicable)		
_		<del></del> -	Controlling	Intermediary		
				· · · · · · · · · · · · · · · · ·		
				<u> </u>		
5	Check only if there is NO Interested Party.					
 6	UNSWORN DECLARATION					
	C. 1111 C.11-	date of birth	ris June 15	3,1962		
	1222 500,	<del></del>	. 77	11211		
	My address is 12000 5. 17 Wax, Houston (city)	(state)	(złp code)	, <u>USM</u> . (country)		
	I declare under penalty of perjury that the foregoing is true and correct.		۸			
	Executed in	, on the	day of Ori	, 20 (year)		
	South the L	r de la companya de l				
	Signature of authorized age (Decjara		ting business entity	_		
ori	ms provided by Texas Ethics Commission www.ethics state ty us	· · · · · · · · · · · · · · · · · · ·	3.4	1/4 4 poffei00a		

### 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. 2021-740700 Waukesha Pearce Industries, LLC Houston, TX United States Date Filed: 04/20/2021 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 04/20/2021 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. 04-21-P26-01 Sale of Construction Equipment, Parts and Service. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is \_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_

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Version V1.1.ceffd98a

(vear)

(month)

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

			1 01 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		OFFICE USE O	
<ol> <li>Name of business entity filing form, and the city, st of business.</li> </ol>	Certificate Number: 2021-718372		
Cutler Repaying Inc Lawrence, KS United States	·	Date Filed:	
2 Name of governmental entity or state agency that is		02/19/2021	
being filed. City of McAllen		Date Acknowledged:	
Provide the identification number used by the gove description of the services, goods, or other propert 02-21-C12-278 2021 Single Machine Repaying	ernmental entity or state agency to track or identify t ty to be provided under the contract.	ne contract, and provid	e a
		Nature of in	
Name of Interested Party	City, State, Country (place of busines		cable) itermediary
Rathbun, John	Lawrence, KS United States	X	nermeulary
Miles, John	Lawrence, KS United States	х	
Cutier, Douglas	Los Ranchos, NM United States	×	
/eskerna, Charles	Lawrence, KS United States	х	
		·	
6 Check only if there is NO Interested Party.	]		
UNSWORN DECLARATION		_	
My name is Charles R. Veskerna	and my date of bir	this APRIL 6,	1950.
My address is 11814 PAWNEE LN (street)	(city) (state	2. <u>lob 2//</u> 2) (zip code)	US. (country)
I declare under penalty of perjury that the foregoing is tr	rue and correct.		
Executed in	County, State of <u>LANSAS</u> , on the /	And day of FEB (month)	20 <u>2/</u> . (year)
	Charles Alders	Pereso	и. /
	Signature of authorized agent of contra (Declarant)	cling business entity	

FORM **1295** 

******	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2021-718372						
	Cutler Repaving Inc							
	Lawrence, KS United States		Date Filed: 02/19/2021					
2	Name of governmental entity or state agency that is a party to the obeing filed.	contract for which the form is	02/19/2021					
	City of McAllen		Date Acknowledg	ed:				
			04/22/2021					
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify d under the contract.	the contract, and	provide a				
	02-21-C12-278							
	2021 Single Machine Repaving							
			Natur	e of interest				
4	Name of Interested Party	City, State, Country (place of busine		k applicable)				
	the state of the s	,,, <u></u> <del></del>	Controllin					
Ra	uthbun, John	Lawrence, KS United States	×					
Mi	les, John	Lawrence, KS United States	×					
Cı	itler, Douglas	Los Ranchos, NM United States	×					
Ve	skerna, Charles	Lawrence, KS United States	×					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION		†es .					
	My name is	, and my date of i	birth is					
	My address is(street)	(city) (st	ate) (zip code)	(country)				
	I declare under penalty of perjury that the foregoing is true and correct.							
	Executed inCounty,	State of . on the	dav of	20				
	Executed III		(mo					
	——————————————————————————————————————	tracting business er	ıtity					
	(Declarant)							

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number:		
	Tellus Equipment		2021-7403	บร		
	Weslaco, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contract for w	hich the form is	04/19/2021	L	}	
	being filed.		m-å. 4 -			
	City of Mcallen		Date Ackno	wiedged:		
_	Denvide the identification may be used to					
3	Provide the identification number used by the governmental entity or state agen description of the services, goods, or other property to be provided under the co	cy to track or identify intract.	the contract	, and prov	ride a	
	04-21-P23-01	- <del></del>				
	Whole goods equipment Tractors					
				-		
4	Name of Interested Party City. State. Co	umine interes of here's		Nature of	* .	
	SRY, State, Co	untry (place of busine	·	(check ap		
_			Con	trolling	Intermediary	
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5	Check only if there is NO Interested Party.		-	-		
_		<u>.</u>				
6	UNSWORN DECLARATION					
	My name is Wacken	, and my date of I	oith is ノわ・	-31-7	76	
	7-12-141	and my data of t	maria <u>y tw</u>			
	My address is 2000 E Exay \$3 . Les	leep Ti	Y 75	359/	Hickory	
			ate) (zip	o code)	(country)	
			. ,	•	· ••	
	I declare under penalty of perjury that the foregoing is true and correct.					
	- Leaf la		,9	1.		
	Executed InCounty, State of	XQS, on the_		1700	20	
		) —		(month)	(year)	
		اررسا	/ \			
		Mon	_ کسید		*******	
	Signatule of a	uthofized agent of cont (Declarant)	racting busin	ess entity		
	this provided by Tayas Ethics Commission Hauss ethics state by us	francially.				

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.	ntity's place	Certificate Number: 2021-740303					
	Tellus Equipment							
	Weslaco, TX United States				Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	the form is	04/19	9/2021			
	City of Mcallen			Date .	Acknowledged:			
	•				2/2021			
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided by the governmental entidescription of the services.	ity or state agency to ded under the contrac	track or identify ct.	the co	ontract, and prov	/ide a		
	04-21-P23-01							
	Whole goods equipment Tractors							
_		1			Nature of	interest		
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap			
					Controlling	Intermediary		
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	,	and my date of b	oirth is		·		
	My address is(street)	,(city)	,	, _ ate)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correct	et.						
	Executed inCount	v State of	on the	لم	lav of	20		
	Count	y, State of	, on the _	a	(month)	, 20 (year)		
		Signature of author	ized egent of equal	rootin-	huginges assis			
	Signature of authorized agent of contracting business entity  (Declarant)							

CERTIFICATE OF INTERESTED PART	ΠES	FC	RM 1295	
			1011	
Complex Nos. 1 - 4 and 6 if there are interested parties. Complexe Nos. 1 2 3, 5, and 6 if there are no interested parties.		OFFICE U		
Name of business entity filing form, and the city, state and count of business.	yy ol ine business enlay's place	Carlificate Number: 2021-746282		
Casco Industries, Incorporated		Data Filed:		
LaPeste, TX United States Numb of governmental antity or state agency that is a party to th	e contract for which the form (s	05/03/2021		
being filed.	The state of the s	Date Acknowledge	al.	
City of McAllen		Auto updisonational	( <b>1</b> )	
Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid 04-21-P27-01 Bunker Gear for Firelighters	ty of state agency to track or identify led under the contract.	the contract, and p	rovide a	
			o of injerest Luggic shie	
flame of Interesting Party	City, State, Country (plans of busin	Controller	and the second second second	
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	and the second s			
		-	<del>-  </del>	
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and the second s				
Check only if there is NO Interested Party:				
UNSWORN DECLARATION		MATERIAL CONTRACTOR BUTCHER SERVICES		
Mynomer Dino PEREZ	and my date of	l time is	. 76	
My address is 705 \$ 844		7 <u>4. 7757</u>	us.	
(AV-4-40)		egoga) (Lab-tonya)	(editely)	
i decime under possity of populy that the foregoing is two and cores	at 🔨	• .		
Executation Harris Column		3 day Hay	2n <b>2</b> 1	
The state of the s		ini	***************	
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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	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2021-746282			
	Casco Industries, Incorporated		2021 1 40202		
	LaPorte, TX United States		i	Filed: 3/2021	
	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	03/03	5/2021	
	City of McAllen			Acknowledged: 3/2021	
	Provide the identification number used by the sourcemental outil	or ctate against to track or identify			ido o
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	d under the contract.	uie Gu	muaci, and prov	iuc a
	04-21-P27-01				
	Bunker Gear for Firefighters				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	· · · · ·
				Controlling	Intermediary
		,			
		· · <del></del>			
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				<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	3	<del>.</del>
	My address is			(min c - d - )	·
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of, on the			, 20
				(month)	(year)
	<u></u>				·
	- <del></del> -	Signature of authorized agent of con (Declarant)	tractin	g business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	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: 2021-736634			
	Affordable Homes of South Texas, Inc. McAllen, TX United States				-730034 Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for v	which the form is		Filea: 9/2021			
	being filed.			Data	Acknowledged:			
	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 age	ncy to track or identif	y the co	ontract, and pro	vide a		
	DCMI-AHSTI-ER-21							
	FY 20-21 Emergency Repair Grant Program							
4	Name of the control o	<u> </u>			Nature o			
	Name of Interested Party	City, State, C	ountry (place of busi	ness)	(check ap			
					Controlling	Intermediary		
					. <u>.                                   </u>			
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		1	•		l <u>.</u>			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION					· <del>·</del>		
	My name is Robert Calvillo		and my date o	f birth is	03/28/63	,		
	My address is1420 Erie Ave	, <u>M</u>	cAllen,	<u>TX</u> ,	78501	USA		
	(street)		(city) (s	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed in Hidalgo Coun	nty,State ofT	exas , on the	9th_d	-	, 2021		
		,	11/1/1	0 1	(month)	(year)		
		1	Mart Lahin					
		Signature of	authorized agent of co	ntracting	business entity	<del></del>		
			(Declarant)					

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.  Affordable Homes of South Texas, Inc.  McAllen, TX United States	Certificate Number: 2021-736634 Date Filed:					
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which	the form is	04/09/	2021		
	City of McAllen			<b>Date A</b> 04/29/3	cknowledged: 2021		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided to the control of the services of the control of the services.	ty or state agency to led under the contra	track or identify ct.	the con	tract, and prov	vide a	
	DCMI-AHSTI-ER-21 FY 20-21 Emergency Repair Grant Program						
4	Name of Interested Party	City, State, Country	/ (place of busine	ess)	Nature of	•	
_	8				Controlling	Intermediary	
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5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of b	irth is _		·	
	My address is(street)	,(city)	,,,,	,	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correct	<b>t.</b>					
	Executed inCounty	/, State of	., on the	da	v of	, 20 .	
	-		<u> </u>		(month)	 (year)	
		Signature of author	ized agent of conti	ractina h	ousiness entity		
	Signature of authorized agent of contracting business entity (Declarant)						

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-744629 Metro Fire Apparatus Specialists, Inc. HOUSTON, TX United States Date Filed: 04/28/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 04-21-P27-01 **BUNKER GEAR FOR FIREFIGHTERS** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary HOUSTON, TX United States Χ RUSSELL, CRAIG 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is 10-03-1979My name is MONICA INGRAM 77064 **HOUSTON** My address is 17350 STATE HWY 249 STE 250 (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of TEXAS , on the 28 day of APRIL Executed in HARRIS (year) Signature of authorized agent of contracting business entity

(Declarant)

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-744629 Metro Fire Apparatus Specialists, Inc. HOUSTON, TX United States Date Filed: 04/28/2021 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 04/29/2021 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. 04-21-P27-01 **BUNKER GEAR FOR FIREFIGHTERS** Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary HOUSTON, TX United States Х RUSSELL, CRAIG 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_ My address is \_\_\_\_ (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_, on the \_\_\_\_\_day of \_ (month) (year)

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2021-750555						
	American Medical Response Ambulance Service, Inc.		2021-150555					
	Dallas, TX United States			Filed:	:			
5	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	05/1.	L/2021				
	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	ontract, and prov	/ide a			
	05-21-S35-01 PROJECT NO. 05-21-S35-01 SERVICE CONTRACT FOR D DIAGNOSTIC TESTING	EPLOYABLE CORONAVIRUS DIS	EASE					
4	No. of Interested Posts	City State County (along of hunin		Nature of				
	Name of Interested Party	City, State, Country (place of busir	le55)	(check ap	Intermediary			
Ar	nerican Medical Response, Inc.	Greenwood Village, CO, TX Uni	ted	Х				
				·				
					i			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION			-/ 1				
	My name is Steven Draile	, and my date o	f birth is	8/2/1	172			
	My address is 3/17 Bairls Ln (street)	Burleson T	state)	76028 (zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and corre							
	Executed inCoun	nty, State of Texas, on the	//	day of Mey (menth)	, 20 <u><b>21</b></u> . (year)			
		Signature of authorized agent of co	ntractir	ng business entity	,			
ı	(Declarant)							

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-750555 American Medical Response Ambulance Service, Inc. Dallas, TX United States Date Filed: 05/11/2021 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 05/11/2021 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. 05-21-S35-01 SERVICE CONTRACT FOR DEPLOYABLE CORONAVIRUS DISEASE 2019 (COVID-19) DIAGNOSTIC TESTING Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Greenwood Village, CO, TX United American Medical Response, Inc. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My name is \_\_\_ My address is \_\_\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_\_ (vear)

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

#### 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. 2021-757582 Musco Sports Lighting, LLC Oskaloosa, IA United States Date Filed: 05/26/2021 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, TX Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 05-21-P12-01 LIGHTING MATERIAL AND INSTALLATION FOR MCHI TENNIS COURT Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Oskaloosa, IA United States Χ Musco Corporation 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is 12/9/1958 My name is James M. Hansen Mv address is 100 1st Avenue West Oskaloosa 52577 USA (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Mahaska IOWA on the 26 day of May \_County, State of (month) Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's place	Certificate Number: 2021-757582			
	Musco Sports Lighting, LLC Oskaloosa, IA United States	2021-757562 Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	05/26/2021			
	City of McAllen, TX	Date Acknowledged: 05/26/2021				
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. 05-21-P12-01 LIGHTING MATERIAL AND INSTALLATION FOR MCHI TENN		· ·			
4	Name of Interested Party	City, State, Country (place of busin	P861	Nature of (check ap		
	waine of interested Faity	only, State, Country (place of busin	casj	Controlling	Intermediary	
М	usco Corporation	Oskaloosa, IA United States		X .		
					_	
		•				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	S	<del>.</del>	
	My address is(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of, on the				
				(month)	(year)	
		Signature of authorized agent of cor (Declarant)	ntractin	ng business entity		
L		<u> </u>				

CERTIFICATE OF I	TERESTE	PART	ries			FOR	и 1295
		1					1 of 1
Complete Nos. 1 - 4 and 6 if there a Complete Nos. 1, 2, 3, 5, and 6 if the	e interested parties. re are no interested	parties.			CEF	OFFICE USE	
I			and country of the business entity's pla		Certificate Number: 2021-740456		
Swarco Industries LLC Columbia, TN United States		٠.			Date Filed:		:
Name of governmental entity or s being filed.	ate agency that is	party to th	e contract for which the for	is		04/19/2021  Date Acknowledged:	
City of McAllen		·.					
3 Provide the Identification number description of the services, good	used by the gover or other property	mental enti to be provid	ty or state agency to track of led under the contract.	r identify	the co	ontract, and pro	ride a
Project No. 04-21-SP11-179 Supply Thermoplastic Material t	o the City of McAlf	en if award	ed.				
4			City, State, Country (place	of busir	nace)	Nature o (check ar	f interest
Name of Interes	ted Party		City, State, Country (place	OI DUSII	icəəj	Controlling	Intermediary
Swarco Industries LLC			Columbia, TN United St	ates		X	
			·				- 1
<del></del>							
	<u> </u>						
5 Check only if there is NO interes	ed Party.						
6 UNSWORN DECLARATION					٠		
My name is						s <u>n/a</u>	·
My address is 270 Rutherfo	d Lane (street)		Columbia (city)	<b>├</b> ──'	:N , state)	38401 (zlp code)	 (country)
I declare under penalty of perjury t	iat the foregoing is to	te and corre	ect.				
Executed in Maux	11		nty, State of TN	on the	25th	day of May	
			<		2	(munun)	(year)
			Signature of authorized a	Bulone	ntractir	ng opsiness entity	· · · · · · · · · · · · · · · · · · ·
Forms provided by Texas Ethics C	dminission	www.e	thics.state.tx.us	ant		Version	n V1.1.ceffd98a

#### 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. 2021-740456 Swarco Industries LLC Columbia, TN United States Date Filed: 04/19/2021 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 05/28/2021 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. 04-21-SP11-179 Supply Thermoplastic Material to the City of McAllen if awarded. Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Swarco Industries LLC Columbia, TN United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is \_ My name is \_ My address is \_\_\_\_ (city) (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_ \_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ \_\_day of \_ (month) (vear) Signature of authorized agent of contracting business entity (Dedarant)

CERTIFICATE OF INTERESTED PARTIES

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 coun of business.	ntity's place	Certificate Number: 2021-741504				
	Dzark Materials, LLC			20221-72007			
	Greenville, AL United States	Greenville, AL United States					
2	Name of governmental entity or state agency that is a party to the contract for which the form is						
	being filed.						
Ozark Materials, LLC Date Acknowledged:							
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to ded under the contra	o track or identify	the co	ntract, and prov	vide a	
	04-21-SP11-179	•	•				
	Purchase of Thermoplastic Material						
		·					
4					Nature of		
•	Name of Interested Party	City, State, Countr	y (place of busin	ess)	(check ap		
_					Controlling	Intermediary	
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5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is D Michae1 Dean		_, and my date of	birth is	March 29, 195	<u> </u>	
	50x 04	•					
	My address is 591 G1enda1e Ave	, Greenville		. رـــــــ	36037	USA	
	(street)	(city)	(s	late)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
i	Executed in Butler Coun	ity, State of Alabam.	ادات a	-91	April	20 21	
	Coun	ity, State of	entite		(month)		
		P			(mond)	(year)	
		Signature of author		tracting	business entity	<u> </u>	
<u> </u>			(Declarant)	<del></del>		·	
F٢	rms provided by Texas Ethics Commission www.e	thics state tx us			Version	V/1 1 coffd98:	

#### 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. 2021-741504 Ozark Materials, LLC Greenville, AL United States Date Filed: 04/21/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: Ozark Materials, LLC 05/28/2021 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. 04-21-SP11-179 Purchase of Thermoplastic Material 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 UNSWORN DECLARATION , and my date of birth is My name is \_ My address is \_\_\_\_\_ (city) (street) (state) (zio code) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of \_\_\_\_\_, on the \_\_\_day of Executed in \_ (month) Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

FORM 1295

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(	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
	Name of business entity filing form, and the city, state and country of business.		ficate Number: -670107				
5	Silver Ribbon Community Partners		Ī				
	Mcallen, TX United States			Filed:			
	Name of governmental entity or state agency that is a party to the	contract for which the form is	09/21/2020				
ī	peing filed.		Date Acknowledged:				
-	City of Mcallen CDBG		pate !	, 1611110 14144 Day			
			d and do a				
3 1	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	ry the governmental entity or state agency to track or identify the contract, and provide a ner property to be provided under the contract.					
	B-20-MC-48-0506	and a second second second second second second second second second second second second second second second	h ceillea -	danneit emall	medical		
	Provide financial assistance to the elderly and adults with disab	ulities for rent/rent deposits, utility/	uunty				
	equipment and medical expenses.				f interest		
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check a	k applicable)		
	Hame of fine rested Fairy			Controlling	Intermediary		
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			1				
			1				
5	Check only if there is NO Interested Party.						
_							
6	UNSWORN DECLARATION			5/10/6	<b>~</b>		
	My name is Migdalia Ochma  My address is 1201 W Esperanza	, and my date of	birth Is	2 1016	10.1.1-		
	My address is 1201 W ESPLIANZA (street)		ate)	(zip code)	(country)		
	(4						
	I declare under penalty of perjury that the foregoing is true and correct.			_			
	Executed in Hidaley County,	State of TEXAS, on the	21	tay of Sept.			
		Λ		(rhonth)	(year)		
		m Welling					
		Signature of authorized agent of con	tracting	business entity			
		(Declarant)					

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business er	tity's place		ficate Number: 0-670107		
	Silver Ribbon Community Partners			2020	7-010101		
	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 t	he form is	09/2	1/2020		
	City of Mcallen CDBG			Date	ate Acknowledged:		
	•			05/2	6/2021		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.			the c	ontract, and pro	/ide a	
	B-20-MC-48-0506						
	Provide financial assistance to the elderly and adults with disa equipment and medical expenses.	abilities for rent/rent	deposits, utility/	utility	deposit, small 1	nedical	
4	одельного ини пточтом охроносо.				Nature o	finterest	
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)	
		·			Controlling	Intermediary	
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				<del></del> -		<del> </del>	
			<u></u>				
					<u>L.</u>	<u> </u>	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		and my date of	birth is		·	
	My address is			,		J	
	(street)	(city)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	rt.					
	Executed inCounty	y, State of	, on the	1	dav of	. 20	
		··	, 38, 819 _		(month)	, 20 (year)	
		Signature of author	zed agent of con (Declarant)	tractin	g business entity		

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. CERTIFICATION OF FILING Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2021-752018 of business. J Pena Construction Ltd. Date Filed: McAllen, TX United States 05/13/2021 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. Public Works Administration Office Renovations Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary McAllen, TX United States Pena, Jose 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_. and my date of birth is \_\_12/17/1967 My name is \_\_\_\_lose Pena McAllen 5808 N. 23rd My address is (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. 20 21 on the 13th day of May \_County, State of \_\_ Executed in \_ (month) (year) Signature of authorized agent of contracting business entity

#### **CERTIFICATE OF INTERESTED PARTIES FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2021-752018 J Pena Construction Ltd. Date Filed: McAllen, TX United States 05/13/2021 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 05/28/2021 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. 05-21-C17-649 Public Works Administration Office Renovations Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х McAllen, TX United States Pena, Jose 5 Check only if there is NO Interested Party. П **6 UNSWORN DECLARATION** \_\_\_\_\_, and my date of birth is My name is \_\_ My address is \_\_ (city) (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_\_ (month) (year)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

	CERTIFICATE OF INTERESTED PAR	HES		FOR	м 1295		
					1 of 1		
	Complete Nos. 1 - 4 and 5 if there are interested parties. Complete Nos. 1. 2, 3, 5, and 6 if there are no interested parties.	nplete Nos. 1 - 4 and 5 if there are interested parties. iplete Nos. 1. 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and coun of business.	ntry of the business entity's place	Certificate Number: 2021-745418				
	Core & Main LP. 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.			04/29/2021			
	City of McAllen		Date Acknowledged:				
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identif ded under the contract.	y the co	intract, and pro	vide a		
	05-21-SP13-83 Meter Boxes & Lids - AMI				r Coloren olas		
4	Name of Interested Party	City, State, Country (place of busin	tess)	Nature of interest (check applicable)			
				Controlling	Intermediary		
					•		
				:			
5	Check only if there is NO interested Party.						
6	UNSWORN DECLARATION						
	My name is Ricardo Renteria	and my date of	birth is 🗅	14 4 11	1952		
	My address is 100 N 1st Street (skeet)		X ale)	78501 (zip code)	U.S. (country)		
	I declare under penalty of perjury that the foregoing is true and correct	ł.	5				
	Executed in Hidalgo County	y, State of <u>Texas</u> , on the	<u>(</u> p:da	ty of MAY	. 20 <u>2</u> \ (year)		
	the state of the s	med Whippe	t				
		Signature of authorized agent of con (Declarary)	racting t	ousiness entity			

### FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-745418 Core & Main LP. McAllen, TX United States Date Filed: 04/29/2021 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 06/16/2021 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. 05-21-SP13-83 Meter Boxes & Lids - AMI Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION , and my date of birth is My name is \_ My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_county, State of \_\_\_\_\_\_\_, on the \_\_\_\_\_day of \_ Executed in \_\_\_\_\_ (month) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

-							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
l.	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2021-768380			
	Southern Trenchless Solutions, LLC La Ferla, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	06/17/2021				
	The 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	ty or state agency to track or identify led under the contract.	the c	ontract, and pro	vide a		
	The City of McAllen 26th & Savanah / La Vista Lift Stations	:					
	ZOUT & SAVARIAN / LA VISIA LIII STAUOTIS				f Interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	pplicable)			
				Controlling	Intermediary		
			٠.				
		Annaly And Anderson Hall And					
	Check only if there is NO Interested Party.						
_	Check only it diese is no interested Party.			A			
6	UNSWORN DECLARATION			2/0/	10,44		
	My name is Tarron Corner	and my date of	bidh is //	<u>~                                      </u>	<u>1911.</u>		
	My address is 1003 W. 3rd St. Apt #	214 Maslaco I	ate)	7859(a (zlp code)	(cauntry)		
	I declare under penalty of perjury that the foregoing is true and correct	4.		le -	,		
	Executed in County County	y, State of <u>TLXAS</u> , on the	17	lay or unc	2021		
		7-		(monlh)	(year)		
		Signature of authorized agent of con (Declarant)	tracting	g business entity			
-	and a side of the Commission of the control of the	nice ctata ty us			V1 1 coffci09a		

### **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. 2021-768380 Southern Trenchless Solutions, LLC La Feria, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 06/17/2021 being filed. The City of McAllen Date Acknowledged: 06/18/2021 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. The City of McAllen 26th & Savanah / La Vista Lift Stations 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. $\Box$ **6 UNSWORN DECLARATION** My name is \_ , and my date of birth is

Forms provided by Texas Ethics Commission

(street)

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

My address is \_

Executed in \_\_\_\_

www.ethics.state.tx.us

(city)

County, State of \_\_\_\_\_, on the

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

(country)

(year)

(zip code)

(month)

	CERTIFICATE OF INTERESTED PART	TIES		FOR	м 1295	
		,		······································	1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested 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: 2021-768280		
	Rolloffs USA Durant, OK United States Date			te Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	06/1	7/2021		
	City of McAllen	Date	Acknowledgad:			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to track or identify	the co	ontract, and pro	vide a	
	06-21-P30-03 Refuse Containers				: <b>**</b>	
4					f Interest	
•	Name of Interested Party	City, State, Country (place of busin	ess)	(check a)	pplicable) Intermediary	
H	ankey, J. Daniel	Mead, OK United States		X		
Hankey, Ray Jean		Mead, OK United States	( (n) (	×		
	A PARAMETER AND A PARAMETER AN	<u> </u>				
	CONTRACTOR OF THE CONTRACTOR O	Control of the second s				
_	The state of the s	2 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.			and the second		
6	UNSWORN DECLARATION			_ 1 /		
	My name is KENDELL PHILLIPS	, and my date of	birth la	8/24/	69_	
	My address is PO BOX 72 (street)	DUZANT (city) (6	2K tate)	74703 (zip code)	country)	
	I declare under penalty of perjury that the foregoing is true and сопте	et.				
	Executed in South Count	y, State of <u>OK</u> , on the	<u>1</u> 20	day of (month)	20 <b>2</b> ]. (year)	
		Ten Male		f.		
	<u>Consistence</u>	Signature of Amhorized agent of con	vactri	business entity		

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number: 2021-768280		
	Rolloffs USA				
	Durant, OK United States			Filed:	
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	06/1	7/2021	
	City of McAllen			Acknowledged:	
	<u> </u>		06/1	7/2021	
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov	tity or state agency to track or identif rided under the contract.	y the c	ontract, and prov	ide a
	06-21-P30-03 Refuse Containers				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	
				Controlling	Intermediary
Ha	ınkey, J. Daniel	Mead, OK United States		X	
Há	ınkey, Ray Jean	Mead, OK United States		Х	_
				ı	
	·				
5	Check only if there is NO Interested Party.	W. W. W. W. W.		<u>l</u>	
6	UNSWORN DECLARATION				,
	My name is	, and my date of	birth is	· 	
	My address is		·		·
	(street)	(city) (s	itate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inCour	nty, State of, on the		day of	, 20
				(month)	(year)
		Signature of authorized agent of cor (Declarant)	ntractin	g business entity	

## 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: 2021-746945 Big D Tractor Co. LLC dba Frontera Equipment/Blue Cat Rentals Date Filed: Donna, TX United States 05/03/2021 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 06/17/2021 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. 05-21-S29-89 Grinding of Brush and Wood Waste Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. |X|**6 UNSWORN DECLARATION** and my date of birth is \_\_\_\_\_ My name is \_\_\_ My address is \_\_\_\_\_ (state) (zip code) (country) (street) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_ \_day of \_ Executed in \_ (year) Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place		ficate Number: -746945	
	Big D Tractor Co. LLC dba Frontera Equipment/Blue Cat Ren Donna, TX United States	ntals		Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	05/03	3/2021	
	City of McAlien		Date	Acknowledged:	:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identif ded under the contract.	y the co	ontract, and pro	vide a
	Project No. 05-21-S29-89 Grinding of Brush and Wood Waste				
4	No. of the same of				f interest
	Name of Interested Party	City, State, Country (place of busin	ness)	(check a)	pplicable) Intermediary
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r					
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┞	A STATE OF THE STA				
F					
-					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Nancy Rodrigue 2	and my date o	f birth is	14/197	<u>5</u>
	My address is 7223 E. TeXq5 Rd. (street)	Edinburg . 7	X state)	78542 (zip code)	USA (country)
	I declare under penalty of perjury that the foregoing is true and corre	Λ	789	l Max	
	Executed in Y-90((LLQ) Count	ity, State of <u>JUX(LA)</u> an the	<u> </u>	ay of(month)	20 (year)
	$\lambda_{R}$	meix Rodrigues	$\bigcirc$		
		Signature of authorized agent of co	ntractin	g business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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		ficate Number: L-766947			
	Turnkey Communications McAllen, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	06/1	5/2021			
	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	ty or state agency to track or ide ded under the contract.	ntify the c	ontract, and pro	vide a		
	0621P31-01 Matrix Access Control				· 		
4	Name of Interested Party	City, State, Country (place of b	usiness)		f interest oplicable)		
	Name of interest and		,	Controlling	Intermediary		
C	arnes, David	McAllen, TX United States		Х	`. 		
			<del>-</del>				
	<u> </u>						
_							
5	Check only if there is NO Interested Party.			1			
6	UNSWORN DECLARATION						
	My name is David Carnes	, and my da	e of birth i	o4/21/196	9		
	My address is 2033 Orchid Ave	McAllen	TX	78504	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre			•			
	Executed in Hidalgo Coun	ty, State of Texas, or	the	_day of (month)	, 20 (year)		
		Signature of authorized agent o	f contracti	ng business entity	,		
L		. (Declarant)					

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 cour of business.	ntry of the business en	tity's place	Certificate Number: 2021-766947			
	Turnkey Communications			2021	-100341		
	McAllen, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to t	he contract for which t	ne form is	06/15	5/2021		
	being filed.			Date Acknowledged:			
	City of McAllen	McAllen					
				2/2021			
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov			tne co	ontract, and prov	/ide a	
	0621P31-01						
	Matrix Access Control						
4	Name of Interested Party	City, State, Country	Inlana of hugina	,,	Nature of (check ap		
	raine of meresieur arty	Only, State, Country	Thire or nastric	,23,	Controlling	Intermediary	
_	D. 24	Manual Transfer	d Ctata			ancontinuous y	
C	arnes, David	McAllen, TX Unite	u States		Х		
_					- "		
	· · · · · · · · · · · · · · · · · · ·				<del></del> -		
	<del></del>						
		·					
	***************************************		= 10				
5	Check only if there is NO Interested Party.						
	. П						
6	UNSWORN DECLARATION						
	My name is		and my date of t	oi <b>r</b> th is		·	
	May address in						
	My address is(street)	,(city)		, ate)	(zip code)	(country)	
	(on oor)	(Oity)	130	,	(EIP 5040)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed inCour	nty, State of	, on the	c	day of	, 20 .	
					(month)	(year)	
		Signature of authori		tracting	g business entity		
	(Declarant)						

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.  D. Wilson Construction Company	try of the business entity's place		ficate Number: 1-745999	
	McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which the form is		0/2021 Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided 04-21-C13-450 General Contracting Services for McAllen New Parks Facility	ded under the contract.	/ the co	ontract, and pro	vide a
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	
				Controlling	Intermediary
					·
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					··.
				<u> </u>	
					<u> </u>
5	Check only if there is NO Interested Party.				
6	My name is Josue Reyes	, and my date of	hidh is	12/02/1	975
	My address is 1207 E. Pecan Blvd.	McAllen T	X	78501	
	(street)	(city) (si	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct Executed in	ot. y, State of <b>Texas</b> , on the	7th	lay of May	, 20 <u></u> .
		Omu	2	Mas	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
		Signature of authorized agent of con (Declarant)	tracting	business entity	

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Version V1.1.ceffd98a

FORM 1295

		·		<u></u>	1 of 1
Cor Cor	mplete Nos. 1 - 4 and 6 if there are interested parties. mplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		(	OFFICE US	
of i	me of business entity filing form, and the city, state and cour ousiness. Wilson Construction Company Allen, TX United States	24 D	ertificate Number: 021-745999 ate Filed:		
bei	me of governmental entity or state agency that is a party to ti ng filed. y of McAllen	he contract for which the fo	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4/30/2021 ate Acknowledged 7/01/2021	:
des 04-	ovide the identification number used by the governmental enterprises of the services, goods, or other property to be provi- 21-C13-450 eneral Contracting Services for McAllen New Parks Facility	ided under the contract.		e contract, and pro	vide a
4	Name of Interested Party	City, State, Country (pla	ce of business		of interest pplicable) Intermediary
<del></del>					
					<u> </u>
			· · · · · · · · · · · · · · · · · · ·		
· ·					
					·
5 Ch	eck only if there is NO Interested Party.				
6 UN	SWORN DECLARATION				
Му	name is	, and	my dale of birt	h is	·
My	address is(street)	(city)	(state)	(zip code)	(country)
Îde	eclare under penalty of perjury that the foregoing is true and corre	ct.			
Exe	ecuted inCount	ty, State of	on the	day of(month)	, 20
	This Canadain		gent of contractional	ting business entity	

### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-768947 of business. R. Gutierrez Engineering Corporation Date Filed: Pharr, TX United States 06/21/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Public Utility Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 05-21-S41-01 PROFESSIONAL SERVICES CONTRACT FOR ENGINEERING CONSULTING AND SURVEYING SERVICES - HC RMA **PROJECT** Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Х Pharr, TX United States Gutierrez, Ramiro 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is Ramiro Gutierrez USA Pharr My address is 1203 Gumwood (country) (city) (state) (zip code) (street) I declare under penalty of perjury that the foregoing is true and correct. \_County, State of <u>Texas</u>, on the <u>21<sup>st</sup> day of June</u> Executed in \_\_\_\_ <u>Hidalgo</u> (year) (month)

Signature of authorized agent of contracting business entity (Declarant)

### 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2021-768947 of business. R. Gutierrez Engineering Corporation Date Filed: Pharr, TX United States 06/21/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: McAllen Public Utility 07/01/2021 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. 05-21-S41-01 PROFESSIONAL SERVICES CONTRACT FOR ENGINEERING CONSULTING AND SURVEYING SERVICES - HC RMA **PROJECT** Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Pharr, TX United States Gutierrez, Ramiro 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_ My address is \_\_\_\_\_\_ (country) (city) (state) (zip code) (street) I declare under penalty of perjury that the foregoing is true and correct. (year) (month) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

FORM **1295** 

L				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION		
1	of business. Core & Main LP. McAllen, TX United States		Certificate Number: 2021-745373  Date Filed:		
2	Name of governmental entity or state agency that is a party to t being filed. City of McAllen	the contract for which the form is	04/29/2021  Date Acknowledged: 07/14/2021		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 05-21-SP12-177 Pipe Repair Couplings	ntity or state agency to track or identify rided under the contract.		vide a	
4	Name of Interested Party	City, State, Country (place of busin		f interest pplicable) Intermediary	
	Check only if there is NO Interested Party.				
6	My name is	, and my date of t	oirth is	·	
	My address is(street)	(city) (sta	ate) (zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and corre				
	Executed inCount	ty, State of, on the _	day of (month)	, 20 (year)	
		Signature of authorized agent of control (Declarant)	racting business entity		

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-745973 Core & Main LP. McAllen, TX United States Date Filed: 04/29/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract Pipe Repair Couplings Nature of interest Name of Interested Party City, State, Country (place of business) (check-applicable). Controlling Intermediary 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION My name is Ricardo Renteria \_\_\_\_\_, and my date of birth is My address is 100 N 1st Street McAllen (country) (street) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County, State of <u>Texas</u> Signature of authorized a pent of contracting business entity (Decilerant)

### 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. 2021-781610 SWG Engineering, LLC Weslaco, TX United States Date Filed: 07/21/2021 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 07/21/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Professional Consulting for Geotechnical for SCADA Management and Surveying Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Weslaco, TX United States Х Winston, Randall 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_, and my date of birth is \_ My name is \_\_\_\_ My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_ \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ \_day of \_ (month) (vear) Signature of authorized agent of contracting business entity

(Declarant)

### CERTIFICATE OF INTERESTED PARTIES **FORM 1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-781610 SWG Engineering, LLC Weslaco, TX United States Date Filed: 07/21/2021 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. Professional Consulting for Geotechnical for SCADA Management and Surveying Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Winston, Randall Weslaco, TX United States Х 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is Randy C. Winston, P.E. une 19, 1963 , and my date of birth is 78596 611 Bill Summers Intl. Blvd. Weslaço TX USA My address is (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Hidalgo July County, State of Executed in

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

### 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: 2021-779626 Aqua-Metric Sales Company Selma, 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 07/16/2021 being filed. City of McAllen, Texas 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. Water Meter Endpoint / Radio Purchase Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Aqua-Metric Sales Company Selma, TX United States Х Hamilton, Justin Selma, TX United States Segarra, Kristy Selma, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is Kristy Segarra , and my date of birth is August 27, 1987 My address is \_\_16914 Alamo Parkway, Building 2 Selma USA (street) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Guadalupe County, State of Texas on the 16th day of July 20\_21 (month) (year)

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Signature of authorized agent of contracting business entity

Version V1.1.ceffd98a

FORM 1295

Con Con	nplete Nos. 1 - 4 and 6 if there are interested parties. nplete Nos. 1, 2, 3, 5, and 6 if there are no interested part	ties.		C	OFFICE USE CERTIFICATION			
	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2021-779626			
Ααι	ıa-Metric Sales Company							
	ma, TX United States			D	ate Filed:			
	ne of governmental entity or state agency that is a pa	rty to the c	contract for which the form	o :	07/16/2021			
	ne or governmental entity of state agency that is a pa ng filed.	ity to the t						
	of McAllen, Texas				ate Acknowledged: 7/19/2021			
3 Pro	vide the identification number used by the governme cription of the services, goods, or other property to b	ntal entity se provided	or state agency to track or i d under the contract.	dentify th	e contract, and pro	/ide a		
06-	21-SP16-01							
	tter Meter Endpoint / Radio Purchase							
					Nature o			
4	Name of Interested Party		City, State, Country (place o	f busines:	s) (check ap			
					Controlling	Intermediary		
Aqua-	Metric Sales Company		Selma, TX United States		х			
Hamil	ton, Justin		Selma, TX United States			Х		
Segar	ra, Kristy		Selma, TX United States			Х		
			Martin del Nota de 198					
				· · · · · · · · · · · · · · · · · · ·		-		
				,				
5 Ch	eck only if there is NO Interested Party.			<del>-</del>				
6 UN	SWORN DECLARATION							
Му	name is		, and my	date of bir	th is			
Му	address is(street)		(city)	(state	e) (zip code)	(country)		
Ιd	eclare under penalty of perjury that the foregoing is true a	and correct.						
	ecuted in	County	State of	on the	day of			
Ex	ecuted in	County,	<u> </u>		(month)	(year)		
			Signature of authorized age (Declara	nt of contra	acting business entity			

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		-		OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place	Certif	ficate Number:	OF FILING
	RBM CONTRACTORS LLC			2021	-783989	
	EDCOUCH, TX United States			Date I	Filed:	
2		e contract for which t	he form is		3/2021	
_	being filed.					
	CITY OF MCALLEN				Acknowledged: 3/2021	
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 ded under the contrac	track or identify t.	the co	ontract, and pro	vide a
	07-21-C23-307					
	N. 8TH AT CAMELLIA AVENUE DRAINAGE IMPROVEMENT	TS				
		ī			Nature o	f interest
4	Name of Interested Party	City, State, Country	(place of busin	ess)		pplicable)
	· · · · · · · · · · · · · · · · · · ·	" ' '		ĺ	Controlling	Intermediary
_					<u> </u>	
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_						
				-		
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				$\neg$		
l						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of	birth is	i	·
l	My address is			, .		_,
	(street)	(city)	(5	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Evenuted in Count	ty State of	on the		day of	. 20 .
	Executed inCount	iy, Siale 01	, on the		day of(month)	
					(	(3 00.)
		Signature of author	ized agent of co	ntractin	g business entity	
l		-	(Declarant)	•	•	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place		ficate Number: 783989	
	RBM CONTRACTORS LLC					
	EDCOUCH, TX United States		·		Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	07/2	8/2021	
	being filed. CITY OF MCALLEN			Date	Acknowledged:	
	OTT OT MOTELLIA				•	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to t ded under the contrac	track or identify t.	the c	ontract, and pro	vide a
	07-21-C23-307					
	N. 8TH AT CAMELLIA AVENUE DRAINAGE IMPROVEMENT	TS				
					Nature o	f interest
4	Name of Interested Party	City, State, Country	(place of busine	ess)		plicable)
	-				Controlling	Intermediary
	·					
	· ·					
	· ·					
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_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		<u> </u>			<del> </del>
Ŭ					04/04/400	4
	My name is BRAULIO RIOS		and my date of	birth is	01/24/198	1
	0721 E MONTE CRISTO POAD	EDCOLICH	T	,	79529	US
	My address is 9721 E. MONTE CRISTO ROAD	EDCOUCH		——,	78538	_,
	(street)	(city)	(Si	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed in HIDALGO Count	ty. State of TEXAS	on the	28	<sub>day of</sub> JULY	20 21
	Executed in HIDALGO Count	.,, 0.0.0 01	, 511 the		(month)	, <u></u> (year)
		1	2 n			
İ		Signature of authori	zed agent of con	tractin	g business entity	
		= · g. · mai = 31 sissi   010	(Declarant)		S a manufacture of the control of th	

#### **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. 2021-784457 Dealers Electrical Supply Co. Waco, TX United States Date Filed: 07/29/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Lighting Equipment for McAllen Convention Center Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Waco, TX United States Х Chudej, Greg Hall, Steven Waco, TX United States Х Waco, TX United States Х Donaldson, Daryl Waco, TX United States Х Lanham, Chris Waco, TX United States Х Bostick, Steve Waco, TX United States Х Franks, Ken Sanders, Calvin Waco, TX United States Х Waco, TX United States Х Bracey, Morris Waco, TX United States Х Bracey, Scott 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION **Chris Lanham** \_\_\_\_\_, and my date of birth is 06/29/1961 My name is \_\_\_\_\_ 2320 Columbus Ave. Waco 76701 USA My address is \_\_\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of **Texas** McLennan \_\_\_\_, on the **29th** day of **July** 20 21 . Executed in (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-784457 Dealers Electrical Supply Co. Waco, 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 07/29/2021 being filed. City of McAllen Date Acknowledged: 07/29/2021 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. Lighting Equipment for McAllen Convention Center Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Chudej, Greg Waco, TX United States Х Waco, TX United States Hall, Steven Donaldson, Daryl Waco, TX United States Х Waco, TX United States Х Lanham, Chris Waco, TX United States Х Bostick, Steve Waco, TX United States Franks, Ken Х Sanders, Calvin Waco, TX United States Х Waco, TX United States Х Bracey, Morris Waco, TX United States Х Bracey, Scott 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_, and my date of birth is \_ My address is \_ (street) (city) (state) (country) (zip code) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_ (month) Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

of business. Coa To Parts Charlotte, NC United States  Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of McAllen  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. 06-21-P30-03 Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business)  Controlling  Intermediar  Charlotte, NC United States  X  Defenbaugh, John  Charlotte, NC United States  X  Charlotte, NC United States  X  Statesville  UNSWORN DECLARATION  My name is Marya Jenkins  Marya Jenkins  Marya Address is (Bid Location) 841 Meacham Road  (utveet)  (utveet)  (utveet)  Location States on the O7 day of July 10 country)  (utveet)  (utveet)  Country, State of NC 10 on the O7 day of July 20 21 (mouth)  (utveet)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)  Country, State of NC 10 on the O7 day of July 10 country  (user)						1011	
of business. Coa To Parts Charlotte, NC United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of McAllen 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT NO. 06-21-P30-03 Provide waste handling equipment and parts  4 Name of interested Party City, State, Country (place of business) Controlling Defenbaugh, John Charlotte, NC United States X  Defenbaugh, John Charlotte, NC United States X  Charlotte, NC United States X  Statesville Suppose and my date of birth is 10-29-1971  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell  Country, State of NC  On the 07 day of July (vest)  My Augura A  Signature of authorized agent of contracting business entity				CEF			
Go To Parts Charlotte, NC United States  2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  4 Name of Interested Party  City, State, Country (place of business)  Provide waste handling equipment and parts  4 Name of Interested Party  Charlotte, NC United States  X  Nature of Interest (check applicable) Controlling Intermedian  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United S	1 Name of busine of business.	. Name of business entity filing form, and the city, state and country of the business entity's place of business.					
2 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged:  City of McAilen  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.  4 Name of Interested Party  City, State, Country (place of business)  Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business)  Controlling  Intermediar  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United	Go To Parts						
being filed. City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  PROJECT NO, 06-21-P30-03 Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business) Controlling Intermedia  Defenbaugh, John  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  States of the country (place of business) Controlling Intermedia  Countrolling Intermedia  Countrolling Intermedia  Defenbaugh, John  My address is No Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins  Marya Jenkins  (erree) (city) (country)  Wasya M.  Wasya M.  Wasya M.  Signature of authorized agent of contracting business entity	Charlotte, NC	United States		Date	Filed:		
City of McAllen  3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  4 Name of Interested Party  City, State, Country (place of business)  Controlling  Intermediat  Defenbaugh, John  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  States of Mary address is (Bid Location) 841 Meacham Road States wille NC (atta) (atta) (pip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell Country, State of NC on the OT day of July 2821 (morth)  Waster of interest Acknowledged:  Nature of interest Acknowledged:  Nature of interest (city) (place of business)  (city) (place of business)  (city) (place of business)  (country) (place of business)	2 Name of govern	nmental entity or state agency that is a party to th	e contract for which the form is	07/07	7/2021		
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, 06-21-P30-03 Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business)  Controlling  Intermediar  Defenbaugh, John  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  6 UNSWORN DECLARATION  My name is Marya Jenkins  and my date of birth is 10-29-1971  My address is (Bid Location) 841 Meacham Road (statesville NC 28677 USA (country))  (etreet)  (etreet)  (cay)  (date)  (cay)  (date)  (cay)  (date)  (country)  July  20 21  (pear)  Wasya M. Junkins  Signature of authorized agent of contracting business entity	-			D-4-	A also avula da a de		
description of the services, goods, or other property to be provided under the contract.  PROJECT NO. 06-21-P30-03 Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business)  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte	City of McAller	1		Date	Acknowledged:		
description of the services, goods, or other property to be provided under the contract.  PROJECT NO. 06-21-P30-03 Provide waste handling equipment and parts  4 Name of Interested Party  City, State, Country (place of business)  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte			· · · · · · · · · · · · · · · · · · ·	<u> </u>			
Provide waste handling equipment and parts    A   Name of Interested Party   City, State, Country (place of business)   Nature of interest (check applicable)   Intermediar (Controlling)   Intermedia	description of t	he services, goods, or other property to be provide	ty or state agency to track or identify ded under the contract.	the co	ontract, and pro	vide a	
A Name of Interested Party  City, State, Country (place of business)  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  Statesville  Charlotte, NC United States  X  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United States  Charlotte, NC United Sta							
City, State, Country (place of business)   Check applicable)   Controlling   Intermediar	4						
Defenbaugh, John  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  A  And  Charlotte, NC United States  A  And  Charlotte, NC United States  A  And  Charlotte, NC United States  And  Charlotte		Name of Interested Party	City, State, Country (place of busin	ess)		<u> </u>	
Wastequip, LLC  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  X  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  Charlotte, NC United States  A  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  Charlotte, NC United States  A  Charlotte, NC United States  A  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  Charlotte, NC County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  County if there is NO Interested Party.  Coun					Controlling	Intermediary	
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins  My address is (Bid Location) 841 Meacham Road Statesville NC 28677 USA (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell County, State of NC on the O7 day of July (year)  Marya W Jenkins  Signature of authorized agent of contracting business entity	Defenbaugh, Johr	n	Charlotte, NC United States		Χ .		
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins	Wastequip, LLC		Charlotte, NC United States		Х		
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins	,		. "		. "		
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins							
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins							
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins							
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins							
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION  My name is Marya Jenkins							
6 UNSWORN DECLARATION  My name is Marya Jenkins		•					
6 UNSWORN DECLARATION  My name is Marya Jenkins							
My address is (Bid Location) 841 Meacham Road Statesville NC 28677 USA (street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell County, State of NC , on the 07 day of July (month) (year)  Warya M. Jankins  Signature of authorized agent of contracting business entity	5 Check only if th	nere is NO Interested Party.					
My address is (Bid Location) 841 Meacham Road, Statesville, NC, 28677, USA  (street) (city), (state), (zip code), (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell County, State of NC, on the 07 day of July (month), (year)   Marya M. Jankins  Signature of authorized agent of contracting business entity	6 UNSWORN DEC	CLARATION					
(street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell County, State of NC, on the O7 day of July (month) (year)  Warya W. Jankins  Signature of authorized agent of contracting business entity	My name is Ma	arya Jenkins	, and my date of	birth is	10-29-197	1	
(street) (city) (state) (zip code) (country)  I declare under penalty of perjury that the foregoing is true and correct.  Executed in Iredell County, State of NC, on the O7 day of July (month) (year)  Warya W. Jankins  Signature of authorized agent of contracting business entity	My addraga is (	Bid Location) 841 Meacham Road	Statesville N	0	28677	USA	
Executed in Iredell  County, State of NC, on the 07 day of July, 20 21.  (month) (year)  Warya W. Jankins  Signature of authorized agent of contracting business entity	wy address is <u>V</u>			······································		·, ———·	
Marya M. Jenkins Signature of authorized agent of contracting business entity	I declare under p	penalty of perjury that the foregoing is true and correc	xt.				
Marya M. Jenkins Signature of authorized agent of contracting business entity	Executed in Ire	edellCount	y, State of NC, on the	07 <sub>c</sub>	<sub>day of</sub> July	, <sub>20</sub> _21	
Signature of authorized agent of contracting business entity			Marya M. Jen	kins	(month)	(year)	
(Declarant)							

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested part	ies.	C	OFFICE USE		
1	Name of business entity filing form, and the city, state an of business.		Certificate Number: 2021-775888			
	Go To Parts					
_	Charlotte, NC United States	mts to the continue to the label		ite Filed: //07/2021		
2	Name of governmental entity or state agency that is a parbeing filed.	rty to the contract for which t	the form is	10112021		
	City of McAllen			te Acknowledged: 1/08/2021		
3	Provide the identification number used by the government description of the services, goods, or other property to be			e contract, and pro	vide a	
	PROJECT NO. 06-21-P30-03 Provide waste handling equipment and parts					
4				Nature o		
	Name of Interested Party	City, State, Country	(place of business	· — · · · ·		
_				Controlling	Intermediary	
De	fenbaugh, John	Charlotte, NC Uni	ited States	X		
W	astequip, LLC	Charlotte, NC Uni	ited States	X		
5	Check only if there is NO Interested Party.			· •		
6	UNSWORN DECLARATION					
	My name is	,	and my date of birth	n is	·	
	My address is(street)	,(city)	(state)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true ar	nd correct.				
	Executed in	County, State of	, on the	day of	, 20	
				(month)	(year)	
	<u>-</u>	Signature of authori	zed agent of contrac (Declarant)	ting business entity	<del> </del>	

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 C CERTIFICATION O	•	
1	Name of business entity filing form, and the city, state and coun of business.	itry of the business entity's place	Certificate Number; 2021-745973		
1	Core & Main LP.				
L	McAllen, TX United States		Date Filed: 04/29/2021		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	UNIZBIZUEL.		
	City of McAllen		Date Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract	the contract, and provide	i a	
	05-21-SP12-177				
	Pipe Repair Couplings		•		
4		I .	Nature of int	erest	
4	Name of Interested Party	City, State, Country (place of busine		k-applicable).	
			Controlling In	termediary	
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•					
5	Check only if there is NO Interested Party.		······································	,	
6.	UNSWORN DECLARATION				
	My name is <u>Ricardo Renteria</u>	and my date of b	Irth is		
	My address is 100 N 1st Street (sheet)	, <u>McAllen</u> , <u>T'X</u> (aity) (stai		J.S	
	I declare under penalty of perjury that the foregoing is true and correct	;			
	Executed in <u>Hidalgo</u> County	, State of <u>Texas</u> , on the &	day of MAY	20:21	
		warde & oute	(mann)	(year)	
		Signature of authorized agent of contra (Decilarant)	acting business entity		
		, , , , , , , , , , , , , , , , , , , ,			

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-745373 Core & Main LP. McAllen, TX United States Date Filed: 04/29/2021 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: 07/14/2021 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. 05-21-SP12-177 Pipe Repair Couplings Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is \_\_\_ , and my date of birth is My address is \_\_\_\_\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of

Signature of authorized agent of contracting business entity (Declarant)

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties, 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-784495 Texan Waste Equipment Inc. DBA Heil of Texas Date Filed: HOUSTON, TX United States 07/29/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 07-21-P35-01 Purchase of Refuse Truck Camera Systems & Components Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Intermediary Controlling Х Houston, TX United States DAVIS, LARRY \*.e!t 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** , and my date of birth is My address is (country) I declare under penalty of perjury that the foregoing is true and correct. 16XQ5 , on the 29 day of 34 County, State of Executed in \_

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

					1011		
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2021-784495			
	Texan Waste Equipment Inc. DBA Heil of Texas		2023	L 10770			
	HOUSTON, TX United States	•	Date	Filed:	-		
2	Name of governmental entity or state agency that is a party to	the contract for which the form is	07/2	9/2021			
	eing filed.			8 almandado ad			
	City of McAllen			Acknowledged: 0/2021			
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro		ту tne с	ontract, and prov	/iae a		
	07-21-P35-01 Purchase of Refuse Truck Camera Systems & Component	s					
		1		Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
	•	,,,			Intermediary		
D/	AVIS, LARRY	Houston, TX United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth i	s	·		
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and co	rrect.					
	Executed inCo	ounty, State of, on the	е				
				(month)	(year)		
		Signature of authorized agent of c (Declarant)	ontractir	ng business entity	<u> </u>		
	(becarant)						

	CERTIFICATE OF INTERESTED PAR	RTIES		FOI	RM 1295
L					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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: 9-570044	
	Behavioral Health Systems, Inc. Birmingham, AL United States		1	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	12/1	3/2019	
	City of McAllen		Date	Acknowledged	:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	lity or state agency to track or identify ded under the contract.	the c	ontract, and pro	ovide a
İ	12-19-S01-78 Third Party Administration Services for Alcohol & Drug Collect	ction/Testing Services			
4	II	Ch. Dest. Commission			of interest
	Name of Interested Party	City, State, Country (place of busin	ess)	Controlling	pplicable) Intermediary
Pi	atterson, William	Birmingham, AL United States		Х	
Si	ephens, Deborah	Birmingham, AL United States		х	
		·			
_					
_					
					<u>]</u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Danny Cooner	, and my date of	birth is	10-21-	<u> 55</u>
	My address is Two Metro Plex Drive (street)	Birningham A	L ate)	35209 (zip code)	Jefferson (country)
	I declare under penalty of perjury that the foregoing is true and correc	(4.3)	,	· ·	foodhall.
	<u>_</u>	y, State of Alabama, on the	134	Tay of December	ec 2019
	LOUISE HE	y vittle		(month)	(year)
		Dallowa	/	,	
		Signature of authorized agent of conf (Declarant)	racting	business entity	

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-570044 Behavioral Health Systems, Inc. Birmingham, AL United States Date Filed: 12/13/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 07/08/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Third Party Administration Services for Alcohol & Drug Collection/Testing Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Birmingham, AL United States Х Patterson, William Birmingham, AL United States Х Stephens, Deborah 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_ \_\_\_\_\_, and my date of birth is My address is \_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_\_\_\_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PAR	TIES		FORM	и <b>12</b> 95
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		_	TIFICATION	OF FILING
Name of business entity filing form, and the city, state and coun	try of the business entity's place		cate Number: 751688	
of business. VALLEY STRIPING CORP				
Weslaco, TX United States		Date F	Filed: /2021	
Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is			
City of McAllen TX		Date /	Acknowledged:	
Provide the identification number used by the governmental ent	ing or state agency to track or identif	v the co	ntract, and prov	/ide a
Provide the identification number used by the governmental end description of the services, goods, or other property to be provided to be pro	ded under the contract.	,		
05-21-S37-484				
Various types of concrete work				
	City, State, Country (place of busi	ness)	Nature of	
Name of Interested Party	City, State, Country (place of aug.		Controlling	Intermediary
<u> </u>				
				<u> </u>
			, <del> </del>	
	}			
			<u>                                     </u>	
			<u> </u>	
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION	<u> </u>			
My name is Guadalupe L Salinas	, and my date	of birth i	s 02/12	11972.
My name is CHARACTER TO THE TOTAL TO		ام السميد		
My address is 2401 5 McCall Apt.	1133 McAilen.	1 X	, <u>78503</u>	, <u>U.S</u> (country)
(streel)	(city)	(state)	(zip code)	(0001111)
I declare under penalty of perjury that the foregoing is true and cor	rrect.			
		the 12	day of Mai	1 ,20 21
Executed in HIGAIGO Co	unty, State of X, on t		(mont	h) (year)
		$\overline{}$		
JOSE M SAENZ NOTARY PUBLIC ID# 131971632				
ID# 1319/1632	Signature of authorized agent of	contract	ing business enti	т <b>у</b>

State of lexas
Comm. Exp. 04-12-2023
Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.ceffd98a

FORM 1295

			_		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION	
1	Name of business entity filing form, and the city, state and countr	y of the husiness entity's place	Certi	ficate Number:	
1	of business.	y or are business critis o pines		-751688	
	VALLEY STRIPING CORP				
	Weslaco, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	05/12/2021		
	being filed.		Date Acknowledged:		
	City of McAllen TX		07/1	5/2021	
3	Provide the identification number used by the governmental entity	y or state agency to track or identify	the c	ontract, and prov	ide a
	description of the services, goods, or other property to be provide	ed under the contract.			
•	05-21-S37-484				
	Various types of concrete work				
				Nature of	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
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l					
5	Check only if there is NO Interested Party.				
L					
6	UNSWORN DECLARATION				
1	My name is	, and my date of	birth is	i	
	,				÷
	My address is		,		·
	(street)	(city) (s	tate)	(zip code)	(country)
l	I declare under penalty of perjury that the foregoing is true and correct	•			
		State of an the		day of	20
1	Executed inCounty	, state of, on the		(month)	, 20 (year)
				,	
1					
		Characters of myspersimal accuse of a co-		e huningsa satitu	
ı		Signature of authorized agent of cor (Declarant)	iractin	y business enuty	

# 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: 2021-754883 of business. Artillery LLC Date Filed: EDINBURG, TX United States 05/20/2021 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. 05-21-537-484 Various Types Of Concrete Work Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Х McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo County. State of Texas, on the 20 day of

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

			<del></del>			
	Complete Nos. 1 - 4 and 6 if there are interested parties.		l	OFFICE USE		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2021-754883			
	Artillery LLC		1			
	EDINBURG, 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	05/20/2021			
	being filed.		Date Acknowledged:			
	City Of McAllen		07/15/2021			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	ide a	
ĺ	05-21-\$37-484					
	Various Types Of Concrete Work					
<u> </u>				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	essì	(check ap		
	ivanie oi interesteu Faity	City states wearing things of agent	1	Controlling	Intermediary	
-				i		
Ci	ty of McAllen	McAllen, TX United States		X		
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L						
			•			
H				<u></u>		
5	Check only if there is NO Interested Party.					
F	UNSWORN DECLARATION					
ľ						
	My name is	, and my date of	birth is		·	
•						
1	My address is		·		·	
	(street)	(city) (s	tate)	(zip code)	(country)	
	1 declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y. State of , on the	(	day of	_, 20	
	Executed in	,	`	(month)	(year)	
				- h.min		
	Signature of authorized agent of contracting business entity (Declarant)					

	CERTIFICATE OF INTERESTED PAR	RTIES		FOF	RM 1295		
					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US			
1	Name of business entity filing form, and the city, state and cour of business.				Certificate Number: 2021-781610		
	SWG Engineering, LLC Weslaco, 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 i	07/2	07/21/2021			
	City of McAllen		Date	Acknowledged	:		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 1118S05469	ided under the contract.		ontract, and pro	ovide a		
	Professional Consulting for Geotechnical for SCADA Manag	ement and Surveying Services	'				
4	Name of Interested Party	City, State, Country (place of	husiness)		of interest pplicable)		
	nume of interested a way	Name of interested Party City, State, Country (place of business		Controlling	Intermediary		
W	inston , Randali	Weslaco , TX United State	\$	x			
_	· · · · · · · · · · · · · · · · · · ·						
••••							
			*	:			
_							
5	Check only if there is NO interested Party.						
6	UNSWORN DECLARATION						
	My name is Randy C. Winston, P.E.	, and my d	ate of birth is	une 19, 1963			
	My address is611 Bill Summers Intl. Blvd.	Weslaco		78596	USA .		
	(sireet)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	Payar	in the 21 c	toy of July	20 21 ·		
	Executed in Hidalgo Coun	1000	/ <u> </u>	(month)	(year)		
	6/6	Lell	<u> </u>				
		Signature of authorized agent (Declarant	of contracting	business entity			

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		Certificate Number: 2021-781610		
	SWG Engineering, LLC Weslaco, TX United States			Date Filed: 07/21/2021		
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	0712	21/2021		
	City of McAllen	07/2	e Acknowledged: 21/2021			
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the services.	ity or state agency to track or ider ded under the contract.	itify the d	contract, and pro-	ride a	
	1118S05469 Professional Consulting for Geotechnical for SCADA Manage	ement and Surveying Services				
4	Name of Interested Party	City, State, Country (place of bu	icinecc)	Nature of (check ap		
	Name of nicelested Party	City, State, Country (place of bu	isilicəs)	Controlling	Intermediary	
W	inston , Randall	Weslaco , TX United States		х		
					:	
5	Check only if there is NO interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth is	s	·	
	My address is(street)	,, (city)	(state)	(zíp code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		(overe)	(with manne)	(0001111)	
	Executed inCount		ha	day of	20	
	Executed itsCount	y, Gibis (i, Oil i		(month)	, 20 (year)	
		Signature of authorized agent of (Declarant)	contractin	g business entity		

### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: 1 Name of business entity filing form, and the city, state and country of the business entity's place 2021-782260 of business. 2GS, LLC dba Earthworks Enterprise Date Filed: Penitas, TX United States 07/22/2021 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 Precinct No. 2 07/23/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 07-21-C26-01 Dicker Road Waterline Improvements Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Penitas, TX United States Garcia, Jr., Humberto 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_, and my date of birth is \_ My name is \_ My address is \_ (country) (zip code) (city) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PARTIES			FOR	и 1295
	and the second of the second o				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 busin of business.	ess entity's place		cate Number: 782602	
	2GS, LLC dba Earthworks Enterprise Penitas, TX United States		Date F		·.
2	Name of governmental entity or state agency that is a party to the contract for v being filed. City of McAllen	vhich the form is		Acknowledged:	
3	Provide the identification number used by the governmental entity or state ager description of the services, goods, or other property to be provided under the contract of the services.	ncy to track or identif ontract.	y the co	ntract, and prov	ide a
	07-21-C26-01 Dicker Road Waterline Improvements		:		
4			, and a second	Nature of (check ap	
4	Name of Interested Party City, State, C	ountry (place of busi	ness)	Controlling	Intermediary
G	arcia, Jr., Humberto Penitas, TX	United States		х	
				•	
					<u></u>
L		<u>, , , , , , , , , , , , , , , , , , , </u>			
		w			
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION				•
	My name is Humberto Garcia, Jr.	, and my date o	of birth is	08/25/	<u> 1981                                   </u>
	My address is 2006 Gardenia St. P	enitas, _	TX . (state)	78576 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	and the second of the second o	م و وسوير	<b>.</b>	, j. j.
	Executed inCounty, State of	on the	⊕ <u>∠</u> 28 -1	lay of JULL (month)	20 <u></u> . (year)
	RONICA LEE BLANCO Notary ID #130661988	216	<u></u>	,	
	My Commission Expires Signature of April 23, 2025	authorized agent of co	ontracting	business entity	

FORM 1295

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Certificate Number:				
	Park Place Recreation Designs, Inc.		202.	2021-790480			
	San Antonio, 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	08/1	08/13/2021			
	being filed.		- I	<b></b>			
	City of McAllen			Date Acknowledged: 08/13/2021			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.	tity or state agency to track or iden ided under the contract.	tify the c	contract, and pro	vide a		
	Project No. 08-21-P37-01 Play system for Bill Shupp Park through BuyBoard						
4				Nature o	f interest		
•	Name of Interested Party	City, State, Country (place of bu	siness)	(check ar	<u> </u>		
				Controlling	Intermediary		
Ah	rens, Robert	San Antonio, TX United State	s	Х			
Ah	rens, Marilyn	San Antonio, TX United State	S	Х			
Ah	rens, Andrew	San Antonio, TX United State	s	Х			
5	Check only if there is NO Interested Party.		·				
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	s	·		
	My address is		4 -				
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
	Executed inCoun	ity, State of, , on t	he	day of	, 20 <i>.</i>		
		-		(month)	(year)		
ļ		Signature of authorized agent of (Declarant)	contractin	ng business entity			

FORM **1295** 

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business. Park Place Recreation Designs, Inc. San Antonio, TX United States	try of the business entity's place		icate Number: -790326 -iled:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		/2021	
	being filed. City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid Project No. 07-21-P35-01 Play System for Bill Schupp Park through BuyBoard.	ty or state agency to track or identify led under the contract.	the co	ntract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature of	plicable)
Al	rens, Robert	San Antonio, TX United States		Controlling X	Intermediary
Al	rens, Marilyn	San Antonio, TX United States		Х	
Al	rens, Andrew	San Antonio, TX United States		х	
	· · · · · · · · · · · · · · · · · · ·				
	·		_		:
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	. <del> </del>			
	My name is Marilya Ahrens	, and my date of l	birth is	10/29/	1952
	My address is 4225 Woodburn Dr. (street)	San Antonio T	ate)	7821 <u>8</u> (zip code)	, USA . (country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in Bekas County	, State of Texas, on the i	3+1/de	ay of Augu	st, 20 21.
		nauigha		M,	<i>.</i>
		Signature of authorized agent of cont (Declarant)	tracting	business entity	

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	try of the business en	tity's place		icate Number: -793951	
	Nelco Media, Inc			_ + =		
	San Antonio, TX United States			Date F		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	he form is	08/23	1/2021.	
	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	entract, and prov	ride a
	description of the services, goods, or other property to be provided as a post of	ded under the contrac	t.			
	07-21-P35-01 Lighting Upgrade for Commission Chambers					
_				1	Nature of	interest
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	
			<u> </u>		Controlling	Intermediary
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						<u> </u>
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<u> </u>		·			<u>'</u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	<del></del> ,		·		
	My name is		, and my date of	birth is		·
	My address is	,	· ,	, .		_,
	(street)	(city)	(s	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
l	Executed inCoun	ty, State of	, on the		day of	, 20
		-			(month)	(year)
		Signature of author	ized agent of cor (Declarant)	tracting	g business entity	

FORM **1295** 

			-	=		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	y of the business enti	ity's place		ficate Number:	
	Nelco Media, Inc			2021	-793951	
	San Antonio, TX United States				Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which th	e form is	08/23	3/2021	
	City of McAllen				Acknowledged:	
_		<del> </del>			4/2021	
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 ti ed under the contract	ack or identity	the co	ontract, and prov	/ide a
	07-21-P35-01					
	Lighting Upgrade for Commission Chambers					
4	1				Nature of	* '
	Name of Interested Party	City, State, Country (	place of busine	ess)	(check ap	plicable) Intermediary
_		· ···			Controlling	intermediary
						<u></u>
			<del> </del>			<del></del> -
_	,					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	,	and my date of t	onth is		•
	My address is		,	,		<i>,</i> .
	(street)	(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.	•				
Ì	Executed inCounty,	, State of	, on the	(	day of	, 20
					(month)	(year)
		Signature of authoriz	ed agent of cont	ractio	a husiness entity	
			(Declarant)	, acum	g business critty	

	CERTIFICATE OF INTERESTED I	PARTIES		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.	ies.	CEI	OFFICE US	
1	Name of business entity filing form, and the city, state an of business.	nd country of the business entity's place		ficate Number: -734113	•
	Hinojosa Engineering, Inc. Mission, TX United States			Filed:	
2	Name of governmental entity or state agency that is a par being filed.	rty to the contract for which the form is	04/0	5/2021	
	City of McAllen		Date	Acknowledged	:
3	description of the services, goods, or other property to b	ntal entity or state agency to track or ident e provided under the contract.	ify the co	ontract, and pro	vide a
	Project No.04-21-S24-793  Design Services for Various Municipal Projects (Annual	al Contract) - Structural Design Services			
4					f Interest
	Name of Interested Party	City, State, Country (place of bus	iness)	(check a	pplicable) Intermediary
Н	inojosa Engineering, Inc.	Mission, TX United States		X	
		·			
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION				
	My name is Wilfrido Ricardo Hinojos	sa, and my date o	of birth is	02/21/1	958
ļ.	My address is 108 W. 18th Street	Mission	TX	78572	US
	(street)	(city)	(state)	(zlp code)	(country)
	I declare under penalty of perjury that the foregoing is true an	nd correct.			
	Executed in <u>Hidalgo</u>	County, State ofTexas, on th	e <u>5th</u> c		
		Dell		(month)	(year)
	-	Signature of authorized agent of co	ontracting	g business entity	· · · · · · · · · · · · · · · · · · ·
1		(mariet cust)			

#### 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. 2021-734113 Hinojosa Engineering, Inc. Mission, TX United States Date Filed: 04/05/2021 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 09/13/2021 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.04-21-S24-793 Design Services for Various Municipal Projects (Annual Contract) - Structural Design Services Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Х Mission, TX United States Hinojosa Engineering, Inc. 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** \_\_\_\_, and my date of birth is \_\_ My name is \_\_\_ My address is \_\_\_\_ (city) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ Executed in \_\_\_\_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-735586 THE ALEX GROUP, LLC Date Filed: Carrollton, TX United States 04/07/2021 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. MECHANICAL, ELECTRICAL & PLUMBING ENGINEERING (MEP) Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary JUBSCRIBED AND SWORN BEFORE ME DAY OF ROBAL 2021 5 Check only if there is NO Interested Party. X 6 UNSWORN DECLARATION NOTARY PUBLIC and my date of birth is My name is My address is (zip code) (country)

Forms provided by Texas Ethlcs Commission

Executed in

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

REGGIE CHAMBERS Notary Public, State of Texas Comm. Expires 08-22-2025

Notary ID 129533600

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

County, State of

Version V1.1.ceffd98a

FORM **1295** 

,	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION	
	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ficate Number: 735586	. '
	THE ALEX GROUP, LLC		Data	Filed:	
	Carrollton, TX United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is		7/2021	
_	being filed.	c contract for minor the form a		A color and a decade	
	City of McAllen			Acknowledged: 4/2021	
	Provide the identification number used by the governmental enti	the average against the typek or identifie			ide a
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	led under the contract.	1116 0	otterace, and prov	ide a
	04-21-S24-793				
	MECHANICAL, ELECTRICAL & PLUMBING ENGINEERING	(MEP)			
				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
					· · · · · · · · · · · · · · · · · · ·
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			· ·		<del></del>
	•				
			<u>.</u>		
		:			
					-
		: · · · · · · · · · · · · · · · · · · ·			<u> </u>
-	Check only if there is NO Interested Party.	•			
5	X				
6	UNSWORN DECLARATION				
		and my data of	bidb k	s	
	My name is	, and my date of	MI WI F		·
	My address is		,		.,
	(street)	(city) (s	tate)	(zip code)	(country)
Ì					
	I declare under penalty of perjury that the foregoing is true and corre	ct.			
	Executed inCoun	ty, State of, on the		day of	, 20
١.				(month)	(year)
					•
1		Signature of authorized agent of cor (Declarant)	ntractir	ng business entity	
1	,	(Declaratt)			

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Halff Associates, Inc.  McAllen, TX United States	Certificate Number: 2021-736377 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	04/09/2021  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. 04-21-S24-793

Design Services for Various Municipal Projects (Annual Contract) Item#1 MEPF Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Bargainer, Tim	Austin, TX United States	х		
Baker, Jessica	Richardson, TX United States	х		
Edwards, Mark	Richardson, TX United States	х		
Ickert, Andrew	Fort Worth, TX United States	Х		
Jackson, Todd	Austin, TX United States	Х		
Liewellyn Sr, Mark	Tallahassee, FL United States	х		
Miller, Steve	Austin, TX United States	X		
Moya, Mike	Austin, TX United States	X		
Murray, Menton	McAllen, TX United States	x		
Pylant, Ben	Fort Worth, TX United States	X		
Sagel, Joseph	Richardson, TX United States	Х		
Tanksley, Dan	Richardson, TX United States	х		
Zapalac, Russell	Austin, TX United States	х		
		1		

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 2 of 2 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: 2021-736377 Halff Associates, Inc. McAilen, TX United States Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 04/09/2021 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. PROJECT NO. 04-21-S24-793 Design Services for Various Municipal Projects (Annual Contract) Item#1 MEPF Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) \_Controlling Intermediary 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is <u>Jose Delgado</u> \_, and my date of birth is \_\_\_\_\_06/05/1978 My address is 5000 West Military, Suite 100 McAllen 78503 (street) (city) (zip code) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_ Hidalgo \_\_\_\_ County, State of \_\_\_\_ Texas \_\_\_, on the \_\_\_\_ day of \_\_\_ April (month)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.ceffd98a

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: 2021-736377
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is	Date Filed: 04/09/2021
	being filed. City of McAllen	Date Acknowledged: 09/03/2021

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

PROJECT NO. 04-21-S24-793

Design Services for Various Municipal Projects (Annual Contract) Item#1 MEPF Services

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
<u> </u>		Controlling	Intermediary
Bargainer, Tim	Austin, TX United States	x	
Baker, Jessica	Richardson, TX United States	×	
Edwards, Mark	Richardson, TX United States	х	
Ickert, Andrew	Fort Worth, TX United States	×	
Jackson, Todd	Austin, TX United States	×	· · · · · · · · · · · · · · · · · · ·
Llewellyn Sr, Mark	Tallahassee, FL United States	×	
Miller, Steve	Austin, TX United States	х	
Moya, Mike	Austin, TX United States	×	
Murray, Menton	McAllen, TX United States	x	
Pylant, Ben	Fort Worth, TX United States	×	
Sagel, Joseph	Richardson, TX United States	×	
Tanksley, Dan	Richardson, TX United States	х	
Zapalac, Russell	Austin, TX United States	X	

## 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 filling form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-736377 Halff Associates, Inc. McAllen, TX United States Date Filed: 04/09/2021 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 09/03/2021 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. 04-21-S24-793 Design Services for Various Municipal Projects (Annual Contract) Item#1 MEPF Services Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_\_ \_\_\_\_, and my date of birth is \_ My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_, on the \_\_\_\_\_ (month) (vear)

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  DBR Engineering Consultants, Inc.  McAllen, TX United States	Certificate Number: 2021-735169  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	04/07/2021  Date Acknowledged: 09/03/2021

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

RFQ No. 04-21-S24-793

Item #1 - MECHANICAL, ELECTRICAL, PLUMBING AND FIRE PROTECTION DESIGN SERVICES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
	<u></u>	Controlling	Intermediary	
Roland, Kenneth	Addison, TX United States	x		
Jones, Adam	Houston, TX United States	х		
Meister, Will	Houston, TX United States	X.		
MacDonald, Erik	Houston, TX United States	Х		
Puentes, Edward	McAllen, TX United States	х		
Morton, D. Zac	San Antonio, TX United States	х		
Pfeiffer, Kevin	Houston, TX United States	х		
Uhlrich, Brian	San Antonio, TX United States	X		
Jenkins, Brian	Houston, TX United States	Х		
Ashkar, Ayman	Houston, TX United States	х		
Curry, Randall	Houston, TX United States	×		
		· .		
		•		
:				
		<u>!</u>	<u> </u>	

# CERTIFICATE OF INTE. \_STED 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. 2021-735169 DBR Engineering Consultants, Inc. McAllen, TX United States Date Filed: 04/07/2021 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 09/03/2021 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. RFQ No. 04-21-524-793 Item #1 - MECHANICAL, ELECTRICAL, PLUMBING AND FIRE PROTECTION DESIGN SERVICES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_ \_\_, and my date of birth is \_ My address is \_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_County, State of \_\_\_\_\_\_, on the \_\_\_\_day of Executed in (month)

Signature of authorized agent of contracting business entity (Declarant)

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-733384 Chanin Engineering, LLC McAllen, TX United States Date Filed: 04/01/2021 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 04-21-S24-793 Structural Design Services Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary McAllen, TX United States Chanin Engineering, LLC 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is 03-28-78My name is Miguel Chanin, PE USA My address is 400 Nolana Suite H2 McAllen 78504 I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas Executed in Hidalgo on the 01 day of April Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTER. TED PAR	TIES	•	FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USI	
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: L-733384	
	Chanin Engineering, LLC McAllen, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	04/0	1/2021	
	City of McAilen			Acknowledged: 3/2021	
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
	04-21-S24-793 Structural Design Services	A.			
4					f interest
*	Name of Interested Party	City, State, Country (place of busin	ess)		oplicable)
		<u> </u>		Controlling	Intermediary
Cł	nanin Engineering, LLC	McAllen, TX United States		×	
					·
	<del>in the state of t</del>				
5	Check only if there is NO Interested Party.				
6.	UNSWORN DECLARATION	- William III			
	My name is	and my date of	birth is		·
	My address is(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCount			day of	20
				(month)	(year)
		Signature of authorized agent of cor (Declarant)	tractin	g business entity	

	CERTIFICATE OF INTERESTED PARTIES		FOR	и 1295	
				1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	P .	OFFICE USE		
1.	· · · · · · · · · · · · · · · · · · ·		Certificate Number: 2021-736260		
	S&B Infrastructure, Ltd. Houston, TX United States	Date F 04/09			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen			Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract.  Project No. 04-21-S24-793  DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECT	the co	ntract, and prov	ride a	
4	Name of Interested Party	ss)	Nature of (check ap		
	Name of Interested Party	]"	Controlling	Intermediary	
R	ios, Daniel (JULE) 33 24 3		х		
_					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		•		
	My name is, and my date of	birth is <sub>.</sub>	09/12/19	62	
	My address is 13130 ivieinorial brive	tate)	77079 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Harris County, State of Texas on the	_9_d;	ay of <u>April</u> (month)	, 20 <u>21</u> . (year)	
	Signature of authorized agent of cor (Declarant)	nracting	business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.  S&B Infrastructure, Ltd.  Houston, TX United States			Certificate Number: 2021-736260 Date Filed:		
2	being filed.			9/2021  Acknowledged:		
	City of McAllen			3/2021		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.  Project No. 04-21-S24-793  DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (ANNUAL CONTRACT)					
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap	plicable)	
_		Heusten TV Heited States		Controlling	Intermediary	
Ri	os, Daniel	Houston, TX United States				
					: .	
				<u> </u>		
					-	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	š	·	
	My address is	(city) (s	, tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ıt.				
	Executed inCounty	y, State of, on the		day of	, 20	
				(month)	(year)	
	<del></del>	Signature of authorized agent of cor (Declarant)	tractin	ig business entity		
ı		(Decrarant)				

# 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 filling form, and the city, state and country of the business entity's place of business. Behavioral Health Systems, Inc. Birmingham, AL United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. FORM 1295 Certificate Number: 2021-803947 Date Filed: 09/20/2021

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.

12-19-S01-78

City of McAllen

TPA Services for Drug & Alcohol Collection Testing

4			f interest
Name of Interested Party	City, State, Country (place of business)		pplicable)
		Controlling	Intermediary
Patterson, William	Birmingham, AL United States	×	
Stephens, Deborah	Birmingham, AL United States	×	
			·
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is <u>Elizabeth Slater</u>	and my date of birth in	· 06/29	181
My name is Elizabeth Slater  My address is 2 Metroplex Drive, 8:  (street)	to 275 Birmingham. AL. (state)	35 <u>209</u> (zip code)	. USA . (country)
I declare under penalty of perjury that the foregoing is true and		da A .	•
Executed in UCTUVOO	County, State of AL, on the 20	day of SIPTON (month)	DEV20 21.
	Okabelly Net-		
_	Signature of authorized agent of contractin	ng business entity	

Date Acknowledged:

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				
of business.  2 Behavioral Health Systems, Inc.			Certif 2021	Certificate Number: 2021-803947 Date Filed:		
•		to the contract for which the form is	l	0/2021		
being filed.  City of McAllen  Dat				Date Acknowledged: 09/20/2021		
description of the services 12-19-S01-78	number used by the governmenta s, goods, or other property to be p & Alcohol Collection Testing	Il entity or state agency to track or identify provided under the contract.	y the co	ontract, and prov	/ide a	
A	Interested Party	City, State, Country (place of busin	ness)	(check ar	f interest oplicable)	
				Controlling	Intermediary	
Patterson, William		Birmingham, AL United States		Х		
Stephens, Deborah		Birmingham, AL United States		X		
				-		
			-		<u> </u>	
5 Check only if there is NO	Interested Party.					
6 UNSWORN DECLARATIO	N		,,			
My name is		, and my date o	f birth is	S	<del>.</del>	
My address is			,		_·	
-	(street)	(city)	state)	(zip code)	(country)	
I declare under penalty of p	perjury that the foregoing is true and	correct.				
Executed in		County, State of, on the	)	day of(month)		
	· -	Signature of authorized agent of co (Declarant)	ntractin	ng business entity		
<u> </u>					VI 1 101b	

	CERTIFIC	ATE OF INTERESTED PAR	RTIES	FORM 1295	
L				1 of 1	
		and 6 if there are interested parties. 3, 5, and 6 if there are no interested parties.			
1	Name of business of business. Pavement Restor	entity filing form, and the city, state and cour ation Inc	ntry of the business entity's place	Certificate Number: 2021-787967	
	Boerne, TX Unite			Date Filed:	
2	peing filed.	ental entity or state agency that is a party to the	he contract for which the form is	08/09/2021	
	City of McAllen			Date Acknowledged:	
3	Provide the identification of the	cation number used by the governmental ent services, goods, or other property to be provi	ity or state agency to track or identify ded under the contract.	the contract, and provide a	
	08-21-C27-266	SERVATION PROJECT			
4				Nature of interest	
		Name of Interested Party	City, State, Country (place of busin		
				Controlling Intermediary	
	····		<u> </u>		
	·				
5	Check only if there	is NO Interested Party.			
6	UNSWORN DECLA	1			
	My name is	OBERT WIGGINS	and my date of t	oirth is 1 /28/63	
	My address is 111	VAUEY KNOLL	Bosene TY	1 , 78006 , USA.	
		(street)	(city) (st	ate) (zip code) (country)	
	I declare under pena	alty of perjury that the foregoing is true and correc	t.		
	Executed in	County County	, State of, on the	9 day of August , 20 21.	
			Signature of authorized agent of cont	racting business entity	
Or	ms provided by Te	xas Ethics Commission www.eth	ics.state.tx.us	Version V1.1.ceffd98a	

## CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filling form, and the city, state and country of the business entity's place Certificate Number: 2021-787967 Pavement Restoration Inc Date Filed: Boerne, TX United States 08/09/2021 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 09/17/2021 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. 08-21-C27-266 PAVEMENT PRESERVATION PROJECT Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ **6 UNSWORN DECLARATION** My name is \_ , and my date of birth is My address is \_\_\_\_ (city) (state) (zip code) (street) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_county, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_\_\_\_\_ Executed in \_\_\_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

	CERTIFICATE OF INTERESTED PAR	TIEC				
	THE STATE OF MILITARY PAR	(IIE2)		FOF	RM 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		T <sub>C</sub> E	OFFICE US		
1	Name of business entity filing form, and the city, state and cour of business.	ntry of the business entity's place	Cert	CERTIFICATION OF FILING ertificate Number: 021-789885		
	YAMAHA GOLF-CAR Cypress, CA United States	•				
2	Name of governmental entity or state agency that is a party to the being filed.	arty to the contract for which the form is 08/		ate Filed: 8/12/2021		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provided.	tity or state agency to track or identifided under the contract.	y the c	ontract, and pro	vide a	
	08-21-P34-63 GOLF CAR FLEET					
4				l Nature o	f interest	
•	Name of Interested Party	City, State, Country (place of busin	ness)	(check a	applicable)	
┝				Controlling	Intermediary	
			· · · · ·			
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L		40.00				
L				· · · · · · · · · · · · · · · · · · ·		
L						
L						
5	Check only if there is NO Interested Party.			·		
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	7/21/	£7	
	My address is 1700 4 Ardisia Or (street)	Pflugenille . 7	itate)	78660 (zip code)	(country)	
			,			
	I declare under penalty of perjury that the foregoing is true and corre	ici.		· ,1	1	
	Executed inCoun	ity, State of, on the	12	day of <u>Hug</u> (month)	, 20 <u>_Z</u> l (year)	
		h>6			i	
		Signature of authorized agent of cor	ntractin	g business entity		

FORM **1295** 

Complete Nos. 1 - 4 and 6 if the Complete Nos. 1, 2, 3, 5, and	Complete 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 fills of business.  YAMAHA GOLF-CAR	2021	Certificate Number: 2021-789885 Date Filed:				
Cypress, CA United States		party to the contract for which the form is		2/2021	•	
<ul> <li>Name of governmental entity being filed.</li> <li>City of McAllen</li> </ul>	<del>-</del>					
City of McAiler			09/2	2/2021		
Provide the Identification no description of the services, 08-21-P34-63 GOLF CAR FLEET	umber used by the govern goods, or other property t	mental entity or state agency to track or ide to be provided under the contract.	ntify the c	ontract, and pro	vide a	
				Nature o	f interest	
Name of I	nterested Party	City, State, Country (place of b	usiness)		oplicable)	
				Controlling	Intermediary	
	· .					
			:			
5 Check only if there is NO II	nterested Party.					
6 UNSWORN DECLARATION			-			
My name is		, and my da	ite of birth i	s		
My address is	(street)	(city)	_,(state)	,	(country)	
i declare under penalty of pe	, ,	,	, ,	, ,	,	
Executed in		County, State of, o	n the	day of(month		
		Signature of authorized agent (Declarant)		ng business entity		

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
Name of business entity filing form, and the city, state and country of the business entity's place of business.  Freese & Nichols, Inc.  Certificate Number: 2021-804284					
Houston, TX United States  Name of governmental entity or state agency that is a party to	•	Date Filed: 09/21/2021			
being filed.	·				
City of McAllen, TX	Date Acknowledged				
3 Provide the identification number used by the governmental et description of the services, goods, or other property to be pro-	ntity or state agency to track or identify to vided under the contract.	the contract, and pro	vide a		
08-20-S58-439					
Comprehensive Plan and Unified Development Code			•		
_			of interest		
4 Name of Interested Party	City, State, Country (place of busine		pplicable)		
		Controlling	Intermediary		
Johnson, Kevin	Dallas, TX United States	X			
Coltharp, Brian	Fort Worth, TX United States	X			
Pence, Bob	Fort Worth, TX United States	×			
Reedy, Mike	Houston, TX United States	X			
Payne, Jeff	Fort Worth, TX United States	Х	·		
Wolfhope, John	Austin, TX United States	×			
Greer, Alan	Fort Worth, TX United States	X			
Cole, Scott	Fort Worth, TX United States	X	!		
Archer, Charles	Raleigh, NC United States	X			
5 Check only if there is NO Interested Party.  6 UNSWORN DECLARATION					
Litture Openhain	and my date of h	ointh is September	20. 1978		
My name is La I oya Goodwin	, and my date of t	Jan 13 Coptonius			
My address is 10497 Town & Country Way, Suite (street)		77024 (zip code)	. <u>US</u> . (country)		
I declare under penalty of perjury that the foregoing is true and cor	rect.				
Executed in <u>Harris</u> Co	unty, State of <u>Texas</u> , on the 2	21st day of Septemb (month			
	LaToya Goodwin  Signature of authorized agent of contracting business entity				
(Declarant)  Version V1 1 10165c/de					

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  CERTIFICATION OF FILING						
<ol> <li>Name of business entity filing form, and the city, stat of business.</li> </ol>				Certificate Number: 2021-804284		
Freese & Nichols, Inc.						
Houston, TX United States		Date	Filed:			
2 Name of governmental entity or state agency that is a	a party to the contract for which the form is	09/2	1/2021			
being filed.	The second of the second of the second					
City of McAllen, TX			Date Acknowledged: 09/23/2021			
Provide the identification number used by the govern description of the services, goods, or other property	nmental entity or state agency to track or ident to be provided under the contract.	ify the c	ontract, and pro	vide a		
08-20-S58-439 Comprehensive Plan and Unified Development Co	ode					
1		.:		f interest		
Name of Interested Party	City, State, Country (place of bus	iness)	(check ar			
Johnson, Kevin	Dallas, TX United States		Controlling	Intermediary		
Coltharp, Brian	Fort Worth, TX United States		×			
Pence, Bob	Fort Worth, TX United States		×			
Reedy, Mike	Houston, TX United States		х			
Payne, Jeff	Fort Worth, TX United States		Х			
Wolfhope, John	Austin, TX United States		×			
Greer, Alan	Fort Worth, TX United States		x			
Cole, Scott	Fort Worth, TX United States		×	·		
Archer, Charles	Raleigh, NC United States		×			
5 Check only if there is NO Interested Party.	•					
6 UNSWORN DECLARATION						
My name is	, and my date	of birth i	s	•		
My address is						
(street)	(city)	(state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is tr	ue and correct.					
Executed in	County, State of, on t	he	day of	, 20 .		
Executed III			(month)			
	Signature of authorized accent of	contractin	ng business entity			
	Signature of authorized agent of (Declarant)	contractir	ng business entity			

OFFITTIO I DE LA COMPANIA			
CERTIFICATE OF INTERESTED PA	ARTIES	FOI	rм 1295
			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
Name of business entity filing form, and the city, state and country of the business entity's place of business. OIL PATCH FUEL AND SUPPLY		Certificate Number: 2021-793341	TOP FILING
Pharr, TX United States		Date Filed:	
<ol> <li>Name of governmental entity or state agency that is a party to being filed.</li> </ol>	the contract for which the form is	08/20/2021	
City of McAllen			
3 Provide the identification number used by the governmental edescription of the services, goods, or other property to be proposed to the property to be proposed to the property to be proposed to the property to be property to be proposed to the property to be	entity or state agency to track or identify evided under the contract.	the contract, and pro	vide a
4		Nature o	finterest
Name of Interested Party	City, State, Country (place of busin		plicable)
		Controlling	Intermediary
OIL PATCH FUEL AND SUPPLY	Pharr , TX United States	×	
,			
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Stories Isl	and my date of	birth is	<u> </u>
My address is 4004 N. Case (street)		78577 ate) (zip code)	COUNTRY)
I declare under penalty of perjury that the foregoing is true and cor	) س <i>سسی</i> د	Joseph A	
Executed in Comeron Car	unty, State of QKCLS_, on the	day of HUGUS' (mionth)	(year)
ROSALBA CABRERA Notary ID #128639589 My Commission Expires	Storii Gree		
June 3, 2023	Signature of authorized agept of continuous (Declaratin)		
Forms provided by Texas Ethics Commission www.	.ethics.state.tx.us	Version	V1.1.191b5cdc

#### 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. 2021-793341 OIL PATCH FUEL AND SUPPLY Pharr, TX United States Date Filed: 08/20/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen 09/29/2021 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. 08-21-SP17-65 DIESEL AND GASOLINE Nature of interest (check applicable) Name of Interested Party City, State, Country (place of business) Controlling Intermediary Pharr, TX United States Х OIL PATCH FUEL AND SUPPLY 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION , and my date of birth is My name is \_\_\_ My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct.

Forms provided by Texas Ethics Commission

Executed in

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

\_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_

Version V1.1.191b5cdc

FORM 1295

					2,07.2
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 FILE					
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ate Number: 312202	
	G&E Escobedo Construction, Inc.				
	Mission, TX United States		Date Fi		
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	10/13/2	2021	
	being filed. City Of McAllen		Date A	cknowledged:	
	City Or Michigh			you.	
	Provide the identification number used by the governmental entity	or state prenov to treek or identify	the con	tract and prov	ide a
3	description of the services, goods, or other property to be provide	d under the contract.	the COL	anu prov	ine a
	09-21-S55-356	Clastriani Candilla			
	Trenching and Boring Services for Installation of Traffic Signal	Eleculcal Conquit			
	······································			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)
				Controlling	Intermediary
					· · · · · · · · · · · · · · · · · · ·
		ing the second of the second o			
			-		
,				·. ·.	
		· · · · · · · · · · · · · · · · · · ·		·	
		·			·
				<u> </u>	
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION				
	My name is Linda C. Vasquez	, and my date of I	birth is _	Oct 25	5,197 <b>8</b> .
	Mall M INA 151	Missins -		-0-0-	TICA
	My address is 11() 1 ( N 10 2nd 5+ (street)		(,	79573 , (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	11. 1	State of Texas, on the	13_day		
	V	0 1	_	(month)	(year)
		1 & Na			
		Signature of authorized agent of conf	) ' traction h	uniness entity	
	•	(Declarant)			

# **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-812202 G&E Escobedo Construction, Inc. Mission, TX United States Date Filed: 10/13/2021 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City Of McAllen 10/13/2021 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. Trenching and Boring Services for Installation of Traffic Signal Electrical Conduit Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** My name is \_ \_, and my date of birth is \_ My address is \_ (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in (month) (year) Signature of authorized agent of contracting business entity

**CERTIFICATE OF INTERESTED PARTIES** 

# **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. 2021-813330 Freightliner of Austin Austin, TX United States Date Filed: 10/15/2021 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. Buyboard 601-19 No.10-21-P01-01 Vactor Truck Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Х Austin, TX United States Hempel, Carlton 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is and my date of birth is (state) (street) (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Texas

Forms provided by Texas Ethics Commission

\_www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

FORM **1295** 

					T 0, T		
	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 count of business.	ry of the business entity's place	Certificate Number: 2021-813330				
	Freightliner of Austin			1010000			
	Austin, 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	10/1	5/2021			
	City of McAllen		Date	Acknowledged:			
				9/2021			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the c	ontract, and prov	ide a		
	Buyboard 601-19 No.10-21-P01-01 Vactor Truck						
4				Nature of	interest		
•	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
				Controlling	Intermediary		
He	empel, Carlton	Austin, TX United States		Х			
		· · · · · · · · · · · · · · · · · · ·					
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	S	<u> </u>		
	My address is(street)	,,,,	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct		,	* * * *	, ,,		
					,		
	Executed inCounty	y, State of, on the		day of (month)	, 20 (vear)		
				(HOHAT)	(yedi)		
ı	<u> </u>	Signature of authorized agent of con	tractin	g business entity			
	(Declarant)						

FORM **1295** 

_							
	nplete Nos. 1 - 4 and 6 if there are interested parties. nplete 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: 2021-820335			
	Environmental Systems Research Institute, Inc.		202	2 220000			
	Redlands, CA United States			Filed:			
2	Name of governmental entity or state agency that is a party to being filed.	the contract for which the form is	11/0	4/2021			
	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.						
	#1021 S 0501 Geographical Information System Software & Maintenance						
4				Nature of interest			
	Name of Interested Party  City, State, Country (place of b		ness)		oplicable)		
				Controlling	Intermediary		
Ja	ck and Laura Dangermond Trust	Redlands, CA United States		Х			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
My name isTimothy Brazeal - Manager, Commercial & Government Contracts, and my date of birth isN/A							
	My address is 380 New York Street	Redlands , C	βA,	92373-8100	, <u>US</u> .		
	(street)	(city) (s	state)	(zip code)	(country)		
	declare under penalty of perjury that the foregoing is true and correct.						
	Executed in San Bernardino Cou	unty, State of California , on the	4th	day of October	, 20_21		
				(month)	(year)		
	7- <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del> <del>-</del>						
		Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

					1011			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1		iness entity filing form, and the city, state and country of the business entity's place			Certificate Number:			
	of business. Environmental Systems Research Institute, Inc.		202	21-820335				
	Redlands, CA United States		Dat	te Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		04/2021				
	being filed.							
	City of McAllen			te Acknowledged: 105/2021				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		dentify the	contract, and prov	vide a			
	#1021 S 0501							
	Geographical Information System Software & Maintenance							
4				Nature of interest				
	Name of Interested Party	City, State, Country (place of	te, Country (place of business)		plicable) Intermediary			
_		Delle de OATIVITATORI		Controlling	intermediary			
Ja	ick and Laura Dangermond Trust	Redlands, CA United State	es	X				
_	Observation of the service NO test served Boots							
	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my c	late of birth	is	·			
	My address is							
	My address is(street)	(city)	, (state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	/ State of	on the	day of	20			
	County	,, 5.00 01		day of(month)	(year)			
		Signature of authorized agent (Declarant		ing business entity				

FORM **1295** 

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ficate Number: -820126	
	Cascade Engineering, Inc.				
2	Grand Rapids, MI United States  Name of governmental entity or state agency that is a party to the	e contract for which the form is		Filed: 3/2021	
-	being filed.	ie conduct for which the form is			
	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	/ide a
	10-21-P02-01				
	Residential Recycling & Trash Bins				* ·
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	i -
				Controlling	Intermediary
		-			
					·
			_	,	
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Scott D. Downer	, and my date of	birth is	April 24, 19	970
	My address is Cascade Engineering, Inc. 3400 Innovation (street)		<u>∏</u> , _ ate)	49512 (zip code)	, USA (country)
i	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Kent Count	y, State of <u>Michigan</u> , on the	<u>3rd </u> d	lay of <u>Novemb</u>	er, 20 <u>21</u> .
			<u> </u>	(month)	(year)
		Julite In	_		
		Signature of authorized agent of cont (Declarant)	tracting	business entity	

FORM **1295** 

=		· · · · · · · · · · · · · · · · · · ·					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE 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: 2021-820126			
	Cascade Engineering, Inc.			1-020120			
	Grand Rapids, MI 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	11/0	3/2021			
	city of McAllen		Date	Acknowledged:			
	•			5/2021			
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.						
	10-21-P02-01						
	Residential Recycling & Trash Bins						
_		· · · · · · · · · · · · · · · · · · ·		Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin		(check ap	capplicable)		
	<u></u>			Controlling	Intermediary		
	<del>'-</del> ''			-	•		
_					<del></del>		
_	<u>,</u>						
	* in a						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			<u>.                                    </u>	<u>,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, </u>		
	My name is, and my date of b			oirth is			
	My address is		,				
	(street)	(city) (st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCount	y, State of, on the _	c	day of	_, 20		
				(month)	(year)		
	Signature of authorized agent of contracting business entity						
	(Declarant)						

# CERTIFICATE OF IN. RESTED 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. 2021-811427 **Daikin Applied Americas** McAllen, TX United States Date Filed: 10/11/2021 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. 09-21-C30-01 **HVAC Sales and Service** Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Wise, John McAllen, TX United States Daikin Applied Americas Minneapolis, MN United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is and my date of birth is My address is I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of

Signature

of authorized agent of contracting business entity

(Declarant)

	CERTIFICATE OF INTERESTED PA	ARTIES		FOR	и 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	S	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and of business.  Daikin Applied Americas	country of the business entity's place	Certificate Number: 2021-811427			
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 10/11/2021		
_	being filed.  City of McAllen			Acknowledged: 1/2021		
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. 09-21-C30-01. HVAC Sales and Service						
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of	plicable)	
W	se, John	McAllen, TX United States		Controlling	Intermediary X	
Da	ikin Applied Americas	Minneapolis, MN United States		Х		
					1.	
				. <u> </u>		
			·			
5	Check only if there is NO interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is		<u></u> *	
	My address is(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and					
	Executed in	County, State of on the	c	fay of(month)	20 (year)	
		Claude of subjected and a	atus ati-	a buginana anah		
	•	Signature of authorized agent of cor (Declarant)	macan <u>(</u>	g pusiness entity	•	

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Certificate Number: Name of business entity filing form, and the city, state and country of the business entity's place 2021-817311 NM Contracting, LLC McAllen, TX United States Date Filed: 10/27/2021 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City Of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Runway 14-32 & Taxiway A Phase 3 and 4 Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary McAllen, TX United States Х Munoz, Jr, Noel 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION \_\_\_\_\_, and my date of birth is 02/01/1968 My name is Noel Munoz My address is 2022 Orchid Ave. Mcallen 78504 **USA** (street) (city) (state) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Hidalgo

Signature of authorized agent of contracting business entity

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2021-817311 NM Contracting, LLC McAllen, TX United States Date Filed: 10/27/2021 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 11/05/2021 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. 04-21-C15-336 Runway 14-32 & Taxiway A Phase 3 and 4 Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Munoz, Jr, Noel McAllen, TX United States 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is \_\_\_ (street) (city) (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_day of \_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PA	AKIIES		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	S.	OFFICE USE ONLY CERTIFICATION OF FILING			
Name of business entity filing form, and the city, state and of business.	country of the business entity's place	Certificate Number: 2021-822097			
HOLLON OIL COMPANY Weslaco, TX United States			Filed:		
<ul> <li>Name of governmental entity or state agency that is a party being filed.</li> </ul>	y to the contract for which the form is		)/2021		
City of McAllen		Date	Acknowledged:		
Provide the identification number used by the government description of the services, goods, or other property to be PROJECT NO. 10-21-SP01-234 LUB	al entity or state agency to track or identif provided under the contract.	y the co	entract, and pro	vide a	
Lubricants			·	·	
Name of Interested Party	City, State, Country (place of busi	ness)	(check a	f interest oplicable)	
			Controlling	Intermediary	
A STATE OF THE STA					
			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION			/	1-1	
My name is DANIEL ARRIAGA	, and my date (	of birth is	03/20/	54	
My address is 109 E . LARK AVE . (stroot)	MOALLEN (CITY)	アメ (state)	78504 (zip code)	Hidalgo (country)	
I declare under penalty of perjury that the foregoing is true an				·	
	_County, State of <u>Texas</u> . on th	eg #	day of NOV		
Executed in	PM	7·	(month	) (year)	
_	Signature of authorized agent of c	ontraction	business entit	у	
Farma provided by Toyae Sibirs Commission	(Declarant)		Versio	n V1.1.191b5cc	

www.ethics.state.tx.us

Forms provided by Texas Ethics Commission

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place		ificate Number: 1-822097			
	HOLLON OIL COMPANY			ett.			
2	Weslaco, TX United States  Name of governmental entity or state agency that is a party to the	contract for which the form is		Filed: 19/2021			
_	being filed.						
	City of McAllen		1	Acknowledged: .0/2021			
3	Provide the identification number used by the governmental entity	or state agency to track or identify	the c	ontract, and prov	/ide a		
-	description of the services, goods, or other property to be provide	ed under the contract.		•			
	PROJECT NO. 10-21-SP01-234 LUB Lubricants						
			÷				
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature of (check ap			
		essyl complete and Alexander		Controlling	Intermediary		
				ļ			
	·		1.				
		· · · · · · · · · · · · · · · · · · ·	.:				
					•		
				·			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	<b>b</b> irth is	s	·		
	My address is		1		,		
	(street)	(cily) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	Slate of, on the			, 20		
				(month)	(year)		
		Signature of authorized agent of cor	ıtractir	ng business entity			
	(Declarant)						

## Statutory Declaration Regarding Exemption from Filing Form 1295

#### for

## Rush Truck Centers of Texas, LP

I, Michael S. Lyons, Assistant Secretary of Rushtex, Inc., a Delaware corporation and the sole general partner of Rush Truck Centers of Texas, LP, a Texas limited partnership, do hereby declare that:

- 1. Rush Truck Centers of Texas, LP is a wholly owned subsidiary of Rush Enterprises, Inc.
- 2. Rush Enterprises, Inc. is a public company traded on NASDAQ under the symbols RUSHA and RUSHB.
- 3. As a result of changes to Form 1295 made effective on January 1, 2018, a Form 1295 is not required for "a contract with a publicly traded business entity, *including a wholly owned subsidiary of the business entity*. (Emphasis added.) See Texas Government Code § 2252.908(c)(4). (A copy of the statute is attached for reference.)

§ 2252.908 4. Pursuant to	isidiary of the business entity. (Emphasis added.) See Texas Government Code (c)(4). (A copy of the statute is attached for reference.) of the foregoing, Rush Truck Centers of Texas, LP, as a wholly owned subsidiary company, is not required to submit a Form 1295.
Acknowledged	
Michael S. Lyons	
Assistant Secretar	<b>y</b>
State of Texas	)
	)
County of Comal	
PERSONALLY appethis document.	ared before me Michael S. Lyons who executed and attested the execution of

Notary Public for The State of Texas,
My Commission Expires: | 2/3/200

NICOLE JOHNSON
My Commission Expires
December 3, 2020
NOTARY ID: 12922201-8

# TEXAS ETHICS COMMISSION GOVERNMENT CODE

#### TITLE 10. GENERAL GOVERNMENT

#### SUBTITLE F. STATE AND LOCAL CONTRACTS AND FUND MANAGEMENT

#### CHAPTER 2252. CONTRACTS WITH GOVERNMENTAL ENTITY

#### SUBCHAPTER Z. MISCELLANEOUS PROVISIONS

Sec. 2252.908.	DISCLOSURE	OF INTERESTED	PARTIES.
----------------	------------	---------------	----------

- (a) In this section:
- (1) "Business entity" means any entity recognized by law through which business is conducted, including a sole proprietorship, partnership, or corporation.
- (2) "Governmental entity" means a municipality, county, public school district, or special-purpose district or authority.
- (3) "Interested party" means a person who has a controlling interest in a business entity with whom a governmental entity or state agency contracts or who actively participates in facilitating the contract or negotiating the terms of the contract, including a broker, intermediary, adviser, or attorney for the business entity.
- (4) "State agency" means a board, commission, office, department, or other agency in the executive, judicial, or legislative branch of state government. The term includes an institution of higher education as defined by Section 61.003, Education Code.
- (b) This section applies only to a contract of a governmental entity or state agency that: (1) requires an action or vote by the governing body of the entity or agency before the contract may be signed; or
  - (2) has a value of at least \$1 million.

#### (c) Notwithstanding Subsection (b), this section does not apply to:

- (1) a sponsored research contract of an institution of higher education;
- (2) an interagency contract of a state agency or an institution of higher education;
- (3) a contract related to health and human services if:
  - (A) the value of the contract cannot be determined at the time the contract is

executed; and

- (B) any qualified vendor is eligible for the contract;

  (4) a contract with a publicly traded business entity, including a wholly owned subsidiary of the business entity;
- (5) a contract with an electric utility, as that term is defined by Section 31.002, Utilities Code; or
- (6) a contract with a gas utility, as that term is defined by Section 121.001, Utilities Code.
- (d) A governmental entity or state agency may not enter into a contract described by Subsection (b) with a business entity unless the business entity, in accordance with this section and rules adopted under this section, submits a disclosure of interested parties to the governmental entity or state agency at the time the business entity submits the signed contract to the governmental entity or state agency.
- (e) The disclosure of interested parties must be submitted on a form prescribed by the Texas Ethics Commission that includes:
- (1) a list of each interested party for the contract of which the contracting business entity is aware; and
- (2) a written, unsworn declaration subscribed by the authorized agent of the contracting business entity as true under penalty of perjury that is in substantially the following form:

"My name is date of birth is	, my , and my address is
date of birth is	, and my address is
(Street) (City)	(State) (Zip Code)
. I	declare under penalty of
(Country)	
perjury that the forego:	ing is true and correct.
Executed in	County, State of, on the day of
<u></u> •	
	(Month) (Year)

#### Declarant".

- (f) Not later than the 30th day after the date the governmental entity or state agency receives a disclosure of interested parties required under this section, the governmental entity or state agency shall submit a copy of the disclosure to the Texas Ethics Commission.
- (g) The Texas Ethics Commission shall adopt rules necessary to implement this section, prescribe the disclosure of interested parties form, and post a copy of the form on the commission's Internet website.

Added by Acts 2015, 84th Leg., R.S., Ch. 1024 (H.B. 1295), Sec. 3, eff. September 1, 2015. Amended by:

Acts 2017, 85th Leg., R.S., Ch. 526 (S.B. 255), Sec. 5, eff. September 1, 2017.

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY

				1 or 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.  Anderson Equipment Co.	try of the business entity's place	Certificate Number 2021-822579	<b>:</b>		
	Pharr, TX United States	Date Filed:				
2	being filed.	11/10/2021				
٠	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	ty or state agency to track or identify led under the contract.	the contract, and pr	ovide a		
	11-21-P10-01 Bomag BW11-RH Pneumatic Roller purchase					
4	Name of Interested Party	City, State, Country (place of busin		of interest applicable)		
			Controlling	Intermediary		
	·					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		er L			
	My name is Vay Nolls	, and my date of t	oirth is <u>36/1. 2</u>	7,1965		
	My address is 408 Redwood Ave (street)		$\frac{\langle 78501 \rangle}{\langle \text{zip code} \rangle}$			
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed in Hida (3.0) County,	, State of Texas, on the	O Thay of Novem	<u>620 2  </u> (year)		
	<del></del>	( Jan Soft				
	Signature of authorized agent of contracting business entity					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.  Anderson Equipment Co.  Pharr, TX United States	y of the business entity's place	Certificate Number: 2021-822579 Date Filed:				
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	11/10	)/2021			
	City of McAllen			Acknowledged: /2021			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identifyed under the contract.	the co	ntract, and prov	ide a		
	11-21-P10-01 Bomag BW11-RH Pneumatic Roller purchase						
4	Name of Interested Parks	Oite Clate Occurrent (also a file a significant		Nature of			
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary		
			_		•		
	*				:		
				:	:		
5	Check only if there is NO Interested Party.		•	<u> </u>			
6	UNSWORN DECLARATION						
	My name is	, and my date of b	birth is		·		
	My address is(street)		, _ ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty,	, State of, on the _	d:	ay of(month)	, 20 (year)		
				·			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CFI	OFFICE US	E ONLY N OF FILING		
1	Name of business entity filing form, and the city, state and cou	untry of the bus	siness entity's place	Certi	ificate Number:			
	McAllen Chamber of Commerce			2021	2021-807460			
	McAllen, TX United States			Date	Filed:			
2	Name of governmental entity or state agency that is a party to	the contract fo	r which the form is	09/2	09/29/2021			
	being filed.			Date	Acknowledged	ı.		
	McAllen Chamber of Commerce			Bate	Acknowledged	·•		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be pro-			ntify the c	ontract, and pre	ovide a		
	GF22MCC							
	Programs and events for the business community and the c	community						
_		<u> </u>			Nature	of interest		
4	Name of Interested Party	City, State	, Country (place of bu	ısiness)	(check a	check applicable)		
					Controlling	Intermediary		
		1						
						<u> </u>		
		1						
					<u> </u>			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Steve Ahlenius		, and my date	e of birth is	3/11/1960	·		
	My address is1200 Ash Ave	McA	llen	TX .	78501	USA		
	(street)	,	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr	rect.						
	Executed in Hidalgo Cou	inty State of	, on	the 29	day of Senten	nber 2021		
	Executed in Hidaigo Cou	mity, State Of	, on	A 20 1	(month			
			Stre C	hlenius				
		Signature	of authorized agent of	contractin	g business entit	/		
		(Declarant)		-				

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		ificate Number: 1-807460			
	McAllen Chamber of Commerce		202.	1-607400			
	McAllen, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	09/29/2021				
	being filed.  McAllen Chamber of Commerce		Date	Acknowledged:			
	McAllen Chamber of Commerce			9/2021			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ify the contract, and provide a				
	GF22MCC						
	Programs and events for the business community and the con	nmunity					
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	pplicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	of birth is	S	·		
	AA ddugga ta						
	My address is(street)		state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	it.					
	Executed inCounty	y, State of, on the	)				
				(month)	(year)		
		Signature of authorized agent of co	 ntractin	ng business entity			
l	(Declarant)						

FORM 1295

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	(	Certificate Number: 2021-822885			
	Arguindegui Oil Co. Il Ltd	4	D-4-	rii.d.			
_	Laredo, TX United States	a contract for which the form is		Filed: 1/2021			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is					
	City of McAllen	Date	Acknowledged:				
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the c	ontract, and pro	vide a		
	10-21-SP01-234						
	Supply Contract for the Purchase and Delivery of Lubricants						
				Nature o	finterest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	applicable)		
			Controlling	Intermediary			
					385		
				2			
_							
_					<u> </u>		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Rocio Gamez	, and my date of	birth is	14031	984.		
	My address is 6551 Stor Ct	_laredo_T	<u>X</u> ,	78041	<u>, USA .</u>		
	(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct		1				
	Executed inCount	ry, State of 16X05, on the	1th	day of <u>(N)() e/</u> (month)			
		Poris Hohima					
		Signature of authorized agent of col	Tractir	ng business entity	,		
1		(Declarant)	rp.ci				

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	- ALICE CONTRACTOR CON		
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place	No. and Control of the Control	Certificate Number: 2021-822885			
	Arguindegui Oil Co. II Ltd			-11 1			
	Laredo, TX United States	to the soulist the forms in		Filed: L/2021			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	11/11	172021			
	City of McAllen		Date Acknowledged:				
				5/2021			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided	y or state agency to track or identify ed under the contract.	the co	ontract, and prov	vide a		
	10-21-SP01-234						
	Supply Contract for the Purchase and Delivery of Lubricants						
_				Nature of			
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap			
<u> </u>				Controlling	Intermediary		
Г							
$\vdash$							
H							
L							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is		<u>.</u>		
	My address is(street)		, tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
			2	day of	20		
	Executed inCounty	, State of, on the	(	(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity (Declarant)						

	CERTIFICATE OF INTERESTED PART	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.  CineMassive Displays, Inc.	try of the business entity	-	rtificate Number: 21-822926	
	Atlanta, GA United States			te Filed: /11/2021	
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which the	10111113	te Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided in 11-21-P11-01 PROJECT NO. 11-21-P11-01 CINEMASSIVE VIDEO WALL	ded under the contract.		contract, and pro	vide a
		<u> </u>		Nature o	f interest
4	Name of Interested Party	City, State, Country (p	lace of business)		oplicable)
				Controlling	Intermediary
С	ty of McAllen	McAllen, TX United	States	Х	
5	Check only if there is NO Interested Party.			1	
6	UNSWORN DECLARATION				
	Katie Digby My name is	, a	nd my date of birth	12-15-1	L986 
	My address is150 Ottley Drive_NE	,Atlanta	, _GA	_,30324	_,USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				han a s
	Executed inCount	y, State of <u>Georgia</u>	, on the1	_day ofNovem	iber, 20 <u>21</u> .
		(	DocuSigned by:	(month)	(year)
			katic Digby —789F1681798345B		
		Signature of authorized	d agent of contract	ing business entity	

FORM **1295** 

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity	-	Certificate Number: 2021-822926			
	CineMassive Displays, Inc.						
	Atlanta, GA 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	11/11/2	2021		
	being filed.			D-: -			
	City of McAllen			Date Acknowledged: 11/15/2021			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ck or identify	the con	tract, and prov	vide a	
	11-21-P11-01						
	PROJECT NO. 11-21-P11-01 CINEMASSIVE VIDEO WALL U	JPGRADE FOR 911 OF	FFICE				
4	1				Nature of		
	Name of Interested Party	City, State, Country (pl	ace of busine	· -	(check ap	<u> </u>	
					Controlling	Intermediary	
Ci	ty of McAllen	McAllen, TX United S	States		X		
				+			
				-+			
		<u>I</u>				<u> </u>	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, an	d my date of b	oirth is _		·	
	My address is	,				.1	
	(street)	(city)	, (sta	, ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.					
	Executed inCounty	y, State of	, on the	dav	/ of	, 20	
					(month)	(year)	
		Signature of authorized (De	agent of contr eclarant)	racting b	usiness entity		

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м <b>1295</b>	
-	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		Ī,	OFFICE USE	_	
1	Name of business entity filing form, and the city, state and count of business.  CineMassive Displays LLC Atlanta, GA United States	try of the business ent	ity's place Co	CERTIFICATION OF FILING Certificate Number: 2021-823890  Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen	e contract for which th		11/15/2021  Date Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 11-21-P12-01			e contract, and pro	vide a	
4				Nature o	f interest	
4	Name of Interested Party	City, State, Country	(place of business	s) (check ap	oplicable)	
				Controlling	Intermediary	
С	ity of McAllen	McAllen, TX United	d States	×		
_						
5	Check only if there is NO Interested Party.			1		
6	UNSWORN DECLARATION  My name is Katie Digby		and my data of hirt	h is 12-15-198	6	
	wy name is		and my date of bill		·	
	My address is150 Ottley Drive(street)	Atlanta (city)	,GA		, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct		•			
	Executed inCount	y, State ofGeor	rgia, on the	day ofNovembe	er 20_21 (year)	
			Docusigned by: Latic Digby	(5.111)	(, 50.,	
		Signature of authoriz	700540047000450	cting business entity		

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's	-	Certificate Number: 2021-823890			
	CineMassive Displays LLC		4	7071-079030			
	Atlanta, GA United States		l.	Date Filed:			
2	Name of governmental entity or state agency that is a party to th	ne contract for which the fo		11/15/2021			
	being filed.						
	City of McAllen			Date Acknowledged: 11/15/2021			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.				vide a		
	11-21-P12-01						
	11-21-P12-01						
1				Nature o	f interest		
4	Name of Interested Party	City, State, Country (plac	ce of busines	ss) (check a	pplicable)		
				Controlling	Intermediary		
Ci	ity of McAllen	McAllen, TX United St	ates	X			
_		<u> </u>			<u> </u>		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and	my date of bi	irth is	·		
	My address is	,	,	,	_,		
	(street)	(city)		te) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	ty, State of	, on the	day of	, 20		
				(month)			
		Signature of authorized a (Dec	agent of contra clarant)	acting business entity			

## 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: 2021-824014 of business. Artillery LLC Date Filed: EDINBURG, TX United States 11/15/2021 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. 10-21-C01-601 2021 Sidewalk & Bus Shelter Improvements Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary Χ McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is US (country) I declare under penalty of perjury that the foregoing is true and correct. \_County, State of \_\_TCV\_S Executed in \_ Signature of authorized agent of contrasting business entity (Declarant)

FORM 1295

			_		<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.	·	CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place		ficate Number: -824014	
	Artillery LLC EDINBURG, 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		5/2021	
	being filed. City Of McAllen		Date	Acknowledged:	
	City Of Michigan		11/16	5/2021	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify d under the contract.	the co	ontract, and prov	ide a
	10-21-C01-601 2021 Sidewalk & Bus Shelter Improvements				
	I		· · ·	Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
				Controlling	Intermediary
Ci	ty of McAllen	McAllen, TX United States		Х	
		·			
_					
L					· · · · · · · · · · · · · · · · · · ·
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
L	My name is	, and my date of	birth is		
	My address is(street)		tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
		State of, on the	ſ	day of	, 20 .
	Executed IIICounty,		<del></del> ,	(month)	(year)
		Signature of authorized agent of co	ntractin	g business entity	
L		(Declarant)			14 4 4 0 4 h T

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	4.4
1	Name of business entity filing form, and the city, state and country of business.		ificate Number: L-822076		
	AERO Specialties, Inc.	202	L-022010		
	Boise, ID United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	11/0	9/2021	*
	being filed. City of McAllen		Date	Acknowledged:	
	City of Michieff				
3	Provide the identification number used by the governmental entity		the c	ontract, and prov	ride a
	description of the services, goods, or other property to be provide	ed under the contract.			
	11-21-P15-01			•	
	Mobile Ground Power Unit and Mobile Pre-Conditioned Air Uni				
4				Nature of	interest
_	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
	<u> </u>			Controlling	Intermediary
ΑL	VEST International	Paris 75015 France		X	
		*			
	·				
	·				
<del></del>	l				
		•			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	······································			
	My name is Christine Burke	, and my date of	hirth !	n8/22/1080	
	my name is <u>orinouno ponte</u>	, and my date of	աս կ1 հ	0012211300	
	My address is 11175 W Emerald St.	, Boise , ID		83713	USA .
	(street)		ate)	(zip code)	(country)
				•	
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in ADA County	, State of <u>Idaho</u> , on the	12th	day of Novembe	r .2021 .
	Outly	,, 0,,110		(month)	(year)
		^^			
	1	Misting Barke			
	·	Signature of authorized agent of con	tractir	ng business entity	
Ī		(Declarant)		•	

FORM **1295** 

H					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place	Certificate Number: 2021-822076		
	AERO Specialties, Inc.		7-051-055010		
	Boise, ID 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	11/09	9/2021	
	City of McAllen		Date :	Acknowledged:	
			ł	7/2021	
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 ed under the contract.	the co	ontract, and prov	/ide a
	11-21-P15-01				
	Mobile Ground Power Unit and Mobile Pre-Conditioned Air Un	nît			
4	Name of Interested Party	City State Country Interests		Nature of	· ·
	Name of interested Party	City, State, Country (place of busine	ess)	(check ap	· · · · · · · · · · · · · · · · · · ·
ΑI	VEST International	Paris 75015 France		X	Intermediary
_		T GITO TOO LO T TOUTO			
				. <u> </u>	
				-	
			ĺ		
		-			
				<u></u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of h	nirth i∝		:
			10		
	My address is(street)	(city) (ste	, _ ate)	(zip code)	
	,	•	a(0)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCounty	, State of, on the _	d	ay of	_, 20
				(month)	(year)
		Signature of authorized agent of contr	racting	husiness entity	
		(Declarant)	. acang	Sourcea CHRITY	

## 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: 2021-823964 Delta Fuel Company LLC Date Filed: Ferriday, LA United States Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 11/15/2021 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. 10-21-SP01-234 L Lubricants Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary X Ferriday, LA United States Vegas, Clint 5 Check only If there is NO Interested Party. **6 UNSWORN DECLARATION** I declare under penalty of perjury that the foregoing is true and correct. Executed in

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of

(Declarant)

Version V1.1.191b5cdc

FORM **1295** 

					1011		
Complete Complete	Nos. 1 - 4 and 6 if there are interested parti Nos. 1, 2, 3, 5, and 6 if there are no interes	es. ted parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1 Name of b		state and country of the business entity's place	200,000	Certificate Number: 2021-823964			
	Delta Fuel Company LLC			1-823964			
	LA United States		Date	Filed:			
		is a party to the contract for which the form is	11/1	5/2021			
being file							
City of M	cAllen			Acknowledged: 6/2021			
			_				
description	n of the services, goods, or other prope	rernmental entity or state agency to track or ident rty to be provided under the contract.	ify the c	ontract, and pro	vide a		
	T NO. 10-21-SP01-234 L						
Lubrican	S						
	*			Nature o	f interest		
1	Name of Interested Party	City, State, Country (place of bus	iness)	(check a	oplicable)		
				Controlling	Intermediary		
√egas, Clint		Ferriday, LA United States		X			
	****						
				,			
	34444						
7-7							
i Check on	y if there is NO Interested Party.	7		L.,			
UNSWOR	N DECLARATION						
My name i	ŝ	, and my date	of birth is	5			
My addres							
	(street)	(city)	(state)	(zip code)	(country)		
I declare u	nder penalty of perjury that the foregoing is	true and correct.					
Executed i	n	County, State of, on th	e	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co (Declarant)	ontractin	g business entity			

FORM **1295** 

								1011	
		1 - 4 and 6 if there are interested pa 1, 2, 3, 5, and 6 if there are no intere				CI	OFFICE US		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				ce Cei	Certificate Number: 2021-823431			
	Holt Texas, LTD.			202	21-023431				
	San Antonio, TX United States				Dat	te Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is				is 11/	12/2021			
	being filed.  McAllen, City of						Date Acknowledged:		
3		ntification number used by the go the services, goods, or other prop		, ,	•	identify the	contract, and pro	ovide a	
	032119-CAT/1	L0-20-P05-03							
	Purchase of T	wo (2) new Current Model Moto	r Graders						
4							Nature	of interest	
•		Name of Interested Party		City, State, Cou	ntry (place o	f business)	(check a	pplicable)	
							Controlling	Intermediary	
M	ORADO, Santia	ago		Edinburg, TX	United State	es		Х	
Н	OLT RICHTER,	Corinna		San Antonio, <sup>-</sup>	TX United S	tates	Х		
Н	OLT, Peter J.			San Antonio, <sup>-</sup>	TX United S	tates	X		
5	Check only if the	nere is NO Interested Party.					•	1	
6	UNSWORN DEC	CLARATION							
		Angela Graf			, and my	date of birth	is10/06/19	48	
		5665 SE Loop 410		San Ant		TX	78222	USA	
	wy dddiess is	(street)			ty)	, (state)	(zip code)	(country)	
	I declare under ¡	penalty of perjury that the foregoing	is true and corre						
	Executed in	Bexar	Count	y State of	Texas	on the 12t	hay of Nov	<sub>20</sub> 21	
	EXECUTED III			ty, State of		OII III 121	(month	, 20 ) (year)	
			,	signed by Angela N		D C :	•	, (5001)	
				Angela M. Graf, o=F			racts,		
				ngela.graf@holtcat. 21.11.12 16:15:19 -0					
			<del>54tc. 202</del>		thorized ager		ing business entity	<u> </u>	
					(Declara	nt)			

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.	ry of the business entity's place	Cer	tificate Number:		
	Holt Texas, LTD.			.1-025451		
	San Antonio, TX United States	Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/	12/2021		
	being filed.					
	McAllen, City of			Date Acknowledged: 11/17/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the	contract, and prov	лае а	
	032119-CAT/10-20-P05-03					
	Purchase of Two (2) new Current Model Motor Graders					
4				Nature of	interest	
•	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	plicable)	
				Controlling	Intermediary	
М	ORADO, Santiago	Edinburg, TX United States			Х	
Н	OLT RICHTER, Corinna	San Antonio, TX United Stat	es	Х		
Н	OLT, Peter J.	San Antonio, TX United Stat	es	Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	te of birth	is		
		·				
	My address is		,	.,	,·	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	/, State ofon	the	day of	, 20 .	
		, <del></del> , <del>0.</del> .		(month)	(year)	
		Signature of authorized agent o (Declarant)	f contracti	ng business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and cour of business.	ace Certi	Certificate Number: 2021-825274			
	Palm Valley Animal Society	2021	023214			
	Edinburg, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form	11/18	8/2021		
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be provi		identify the co	ontract, and pro	vide a	
	11-21-NBI14-01					
	ILA for Regional Animal Shelter					
		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (place	of business)		pplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
	X					
6	UNSWORN DECLARATION					
	Imelda Campos  My name is	, and my	/ date of birth is	11/14/197	'8 	
	My address is2501 W. Trenton Road	Edinburg	, TX	78539	USA	
	(street)	(city)	,, (state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed in Hidalgo Coun	ty, State ofTexas	, on the 18th	<sub>lay of</sub> Novem	ber <sub>20</sub> 21	
		Quu	Jan	(month)	(year)	
		Signature of authorized age		g business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and country of business.	ry of the business entity's place		Certificate Number: 2021-825274			
	Palm Valley Animal Society		202	.1-023274			
	Edinburg, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/2	18/2021			
	being filed. City of McAllen		Date	e Acknowledged:			
	City of Michieff			19/2021			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		entify the	contract, and prov	/ide a		
	11-21-NBI14-01						
	ILA for Regional Animal Shelter						
				Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of b	usiness)				
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth	is	·		
	My address is		,	.,	.,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of, or	the				
				(month)	(year)		
		Signature of authorized agent o	f contracti	ng business entity			

#### **CERTIFICATE OF INTERESTED PARTIES** FORM **1295** 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-822598 Amigos Del Valle, Inc. Edinburg, TX United States Date Filed: 11/10/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Salary Compensation for staff and meals delivered at Las Palmas Community Center in the City of McAllen. 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.				·
6	UNSWORN DECLARATION		****		
	My name is Algandro Guerra  My address is 1509 W 20th St.	, and my	date of birth is	November	8, 1982
	My address is 1509 W 20th St.	Mission	TX	18572	USA .
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in Hidalgo Count	y, State of Texas	, on the $10^{4}$	day of Novem	KV 20 21
	•	Dado In	ens	(month)	(year)
		Signature of authorized/age		g business entity	<del></del>

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Version V1.1.191b5cdc

Forms provided by Texas Ethics Commission

FORM **1295** 

	· · · · · · · · · · · · · · · · · · ·					
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2021-822598		
	Amigos Del Valle, Inc.		Data	Ciled:		
2	Edinburg, 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: 11/10/2021		
_	being filed.		D.4.	Section 1 de la constant de la const		
	City of McAllen			Date Acknowledged: 11/22/2021		
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.					
	22 GF ADV Salary Compensation for staff and meals delivered at Las Pali	mas Community Center in the City	of Mc	Allen.		
4				Nature of		
7	Name of Interested Party	City, State, Country (place of busin	ness)	(check applicable)		
			<del>.</del> .	Controlling	Intermediary	
				]	_	
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	·	· <b>-</b>			·	
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		-				
					<u> </u>	
				[	· <del></del> ··	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	3	·	
	My address is		,		,	
	(street)		state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	ty, State of, on the				
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 Complete Nos. 1 - 4 and 6 if there are interested parties. 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. 2021-824993 Women Together Foundation 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 11/17/2021 being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. B-20-MC-48-0506 Emergency Shelter, Transitional Housing, and Rape Crisis Center Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary City of McAllen McAllen, TX United States X 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is and my date of birth is My address is I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of Signature of authorized agent of contracting business entity (Déclarent)

#### 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. 2021-824993 Women Together Foundation Inc McAllen, TX United States Date Filed: 11/17/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is Date Acknowledged: City of McAllen 11/18/2021 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-20-MC-48-0506 Emergency Shelter, Transitional Housing, and Rape Crisis Center Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Χ McAllen, TX United States City of McAllen 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is , and my date of birth is My address is \_\_\_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_\_ County, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ (month) (year)

Forms provided by Texas Ethics Commission

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Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

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.	Certificate Number:
	Halff Associates, Inc.	2021-826485
	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	11/23/2021
	being filed.	Date Acknowledged:
	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.

No. 11-18-S05-469

PROFESSIONAL SERVICES FOR GEOTECHNICAL AND SURVEYING SERVICES (SCADA)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Zapalac, Russell	Austin, TX United States	х	
Tanksley, Dan	Richardson, TX United States	Х	
Sagel, Joseph	Richardson, TX United States	Х	
Pylant, Ben	Fort Worth, TX United States	Х	
Murray, Menton	McAllen, TX United States	Х	
Moya, Mike	Austin, TX United States	Х	
Miller, Steven	Austin, TX United States	Х	
Llewellyn Sr, Mark	Tallahassee, FL United States	Х	
Killen, Russell	Richardson, TX United States	х	
Jackson, Todd	Austin, TX United States	X	
Ickert, Andrew	Fort Worth, TX United States	Х	
Edwards, Mark	Richardson, TX United States	х	
Bertram, Shawn	Austin, TX United States	Х	
Baker, Jessica	Richardson, TX United States	Х	
		-1	<u> </u>

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business.	of the business entity's place	Certificate Number: 2021-826485			
	Halff Associates, Inc.					
2	McAllen, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 11/23/2021		
	being filed.	•	Date	Acknowledged:		
	City of McAllen		Dute 2	Acidiomedycu.	٠.,	
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	or state agency to track or identify d under the contract.	the co	ontract, and prov	ride a	
	No. 11-18-S05-469					
	PROFESSIONAL SERVICES FOR GEOTECHNICAL AND SUI	RVEYING SERVICES (SCADA)			·	
4	· · · · ·			Nature of		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable) Intermediary	
				- Controlling	y	
				·		
					·	
					•	
					<u> </u>	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isMiles Bullion	, and my date of	birth is	10/31/1	981	
	My address is 5000 W. Military Highway, Suite 100	—' ————	X_,	78503	, <u>USA</u> .	
	(street)	(city) (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Hidalgo County,	State of Texas on the	23rd <sub>c</sub>	<sub>day of</sub> Novem	<u>be</u> r <sub>20</sub> 21_	
		JA SA	_	(month)	(year)	
		Signature of authorized		y hunings sutition		
		Signature of authorized agent of con (Declarant)	ıractınç	y business entity		

FORM 1295

1 of 2

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.	Certificate Number: 2021-826485
	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.  City of McAllen	Date Acknowledged: 11/23/2021

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.

No. 11-18-S05-469

PROFESSIONAL SERVICES FOR GEOTECHNICAL AND SURVEYING SERVICES (SCADA)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
Manue of interested 1 dies		Controlling	Intermediary
Zapalac, Russell	Austin, TX United States	X	
Tanksley, Dan	Richardson, TX United States	×	
Sagel, Joseph	Richardson, TX United States	×	
Pylant, Ben	Fort Worth, TX United States	×	
Murray, Menton	McAllen, TX United States	X	
Moya, Mike	Austin, TX United States	×	
Miller, Steven	Austin, TX United States	×	
Llewellyn Sr, Mark	Tallahassee, FL United States	х	
Killen, Russell	Richardson, TX United States	×	
Jackson, Todd	Austin, TX United States	х	
ickert, Andrew	Fort Worth, TX United States	х	
Edwards, Mark	Richardson, TX United States	х	
Bertram, Shawn	Austin, TX United States	×	
Baker, Jessica	Richardson, TX United States	×	

#### FORM 1295 2 of 2 **OFFICE USE ONLY** Complete Nos. 1 - 4 and 6 if there are interested parties. **CERTIFICATION OF FILING** Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: 2021-826485 of business. Halff Associates, Inc. Date Filed: McAllen, TX United States 11/23/2021 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 11/23/2021 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. No. 11-18-S05-469 PROFESSIONAL SERVICES FOR GEOTECHNICAL AND SURVEYING SERVICES (SCADA) Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** and my date of birth is \_\_\_\_ My name is \_\_\_\_ My address is \_ (state) (zip code) (country) (city) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_County, State of \_\_\_\_\_, on the \_\_\_\_ Executed in \_ (month) (vear) Signature of authorized agent of contracting business entity (Declarant)

**CERTIFICATE OF INTERESTED PARTIES** 

FORM 1295

1 6 1

Complet Complet	e Nos. 1 - 4 and 6 if there are interested parties. e Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
. Name o of busin	business entity filing form, and the city, state and coless.	ountry of the business entity's place	Certificate Number: 2021-826663			
	ngineers, Inc.					
Congress, 13 Orace Course			Date Filed: 11/23/2021			
	governmental entity or state agency that is a party t	o the contract for which the form is	11/2	5/2021		
being filed. City of McAllen, Texas			Date	Date Acknowledged:		
Provide descrip	the identification number used by the governmental tion of the services, goods, or other property to be pr	entity or state agency to track or identife ovided under the contract.	y the co	ontract, and pro	vide a	
11-21- Profes	514-01 (MAL231) sional services in connection with the Terminal Roo	of Replacement at McAllen Internation	al Airpo	ort		
			Nature of interest			
1	Name of Interested Party	City, State, Country (place of busi	ness) (check applicable)			
•				Controlling	Intermediary	
Fortner, M	itchell	Longview, TX United States		X		
licks III, \	Nalter F.	Tyler, TX United States		×		
Phipps, C	raig	Sugar Land, TX United States		X		
Burns, Mi	chael	Longview, TX United States		×		
Buck, Lan	ny	Longview, TX United States	<u>.</u> -	X		
Aylor, Ch	istopher	Tyler, TX United States		x		
					<u>                                     </u>	
5 Check	only if there is NO Interested Party.					
6 UNSW	DRN DECLARATION	nt t		1/2/10	co.	
Му пал	ne is Craig H.					
My add	ress is 816 Park Two Drive (street)		TX (state)	77478 (zip code)	(country)	
1 decla	re under penalty of perjury that the foregoing is true and c	correct.				
Execu	ed in <u>Fort Bend</u> c	County, State of <u>Texas</u> , on the	<u>23rc</u>			
(month) (year)					, (,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Signature of Mathorized agent of contracting business entity (Declarant)					

#### CERTIFICATE OF INTERESTED PARTIES FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-826663 KSA Engineers, Inc. Longview, TX United States Date Filed: 11/23/2021 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 11/23/2021 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. 11-21-S14-01 (MAL231) Professional services in connection with the Terminal Roof Replacement at McAllen International Airport Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Fortner, Mitchell Longview, TX United States Х Χ Tyler, TX United States Hicks III, Walter F. Phipps, Craig Sugar Land, TX United States Х Longview, TX United States Х Burns, Michael Longview, TX United States Х Buck, Lanny Tyler, TX United States Х Aylor, Christopher 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_ \_\_\_\_, and my date of birth is \_ My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_ (month) (year)

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2021-827012			
	Nueces Farm Center, Inc. dba Nueces Power Equipment		2021	-62/012	
	Corpus Christi, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is	11/29	9/2021	
	being filed.		Data	Acknowledged:	
	City of McAllen			9/2021	
_	Provide the identification number used by the governmental entit	ar atata anapor to track or identific			.:
3	description of the services, goods, or other property to be provid	ed under the contract,	the ce	ontract, and prov	vide a
	Project No. 11-21-P18-03				
	Heavy Equipment Sales, Rentals, Parts, Services				
4				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Controlling	intermediary
		<del></del> -			
				·	<u></u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION	-			<u> </u>
	My name is	, and my date of	birth is		
	My address is(street)	(city) (si	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	,			
	Executed inCounty	r, State of, on the			
	•			(month)	(year)
		Signature of authorized agent of con	tracting	g business entity	
		(Declarant)			

	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 ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business of business.	entity's place		cate Number: 827012	
	Nueces Farm Center, Inc. dba Nueces Power Equipment Corpus Christi, TX United States	•	Date F		
2	Name of governmental entity or state agency that is a party to the contract for which being filed.	h the form is	11/29		
	City of McAllen		Date /	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contra Project No. 11-21-P18-03  Heavy Equipment Sales, Rentals, Parts, Services	to track or identify act.	the co	ntract, and pro	/ide a
4	Name of Interested Party City, State, Count	try (place of busin	(2es	Nature o (check ap	
				Controlling	Intermediary
					<u></u>
_		<u></u>			
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L		· · · · · · · · · · · · · · · · · · ·		<u>-</u>	
-					
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L				:	
5	Check only if there is NO interested Party.	-		70	
6	UNSWORN DECLARATION				<u> </u>
	My name is Hunche Hlaniz	, and my date of	birth is		•
	My address is 75101H 37 Corpys (alreat)	Chin str. T	X;	78469 (zip code)	, US (country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Nucces County, State of T	on the	<u>29</u> ,	tay of <u>Nov</u>	(year)
Annie	Signature of auti	tt Olou horized agent of con	ntractify	) J business entity	

## **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-827168 SANTEX TRUCK CENTER San Antonio, TX United States Date Filed: 11/29/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-21-P17-01 NON-CDL REFUSE TRUCK Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. $|\mathbf{x}|$ **6 UNSWORN DECLARATION** My address is (city) I declare under penalty of perjury that the foregoing is true and correct. Executed in

Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

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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	<del>9</del> \$.		OFFICE USI CERTIFICATION				
of business. SANTEX TRUCK CENTER				Certificate Number: 2021–827168				
,	San Antonio, TX United States  Name of governmental entity or state agency that is a part	ty to the contract for which the form	I.	ate Filed: 1/29/2021				
	being filed.	ly to the contract for which the lone						
	CITY OF MCALLEN			ate Acknowledged: L/30/2021				
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.								
	11-21-P17-01 NON-CDL REFUSE TRUCK	к						
_				Nature o	f interest			
	Name of Interested Party	City, State, Country (place	of business	· ———	oplicable)			
_		<u> </u>		Controlling	Intermediary			
			· · · · · · · · · · · · · · · · · · ·					
-								
_								
	•							
					•			
	Check only if there is NO Interested Party.							
ì	UNSWORN DECLARATION							
	My name is	, and my	date of birt	n is	<del>.</del>			
	My address is			_1	,			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and	d correct.						
	Executed in	County, State of	on the	day of	, 20			
_				(month)	(year)			
		Signature of authorized ager		ting business entity				
		(Dedlara	nt)					

#### 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. 2021-827167 Freeit Data Solutions Austin, TX United States Date Filed: 11/29/2021 Name of governmental entity or state agency that is a party to the contract for which the form is 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. 11-21-P14-01 PURCHASE OF SERVERS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Orchid, Wayne Au, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** , and my date of birth is <u>06/27/1981</u> My name is Dulari von Christierson My address is 900 East 6th Street, Suite 102 Austin 78702 USA (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in Travis Texas County, State of

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity

Version V1.1.191b5cdc

#### **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. 2021-827167 Freeit Data Solutions Austin, TX United States Date Filed: 11/29/2021 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 11/30/2021 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. 11-21-P14-01 PURCHASE OF SERVERS Nature of interest City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary Х Au, TX United States Orchid, Wayne 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** , and my date of birth is \_\_\_\_\_\_ My name is My address is \_\_\_\_ (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. \_\_\_\_\_\_county, State of \_\_\_\_\_\_, on the \_\_\_\_day of \_ Executed in \_ (month) (year) Signature of authorized agent of contracting business entity (Declarant)

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
	Name of business entity filing form, and the city, state and country of business.	of the business entity's place		lcate Number: -828047	1
	Box Gang Manufacturing				1
	Houston, TX United States  Name of governmental entity or state agency that is a party to the	contract for which the form is	Date 1 12/01	Filea: L/2021	
	being filed.		Cata	5 o Jenovyladka od c	
	City of McAllen		Date.	Acknowledged:	I
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	or state agency to track or identify	the co	ntract, and prov	ride a
	11-21-P19-03	a andor the contract			
	Refuse dumpsters and roll-offs containers				
				Nature of	
4	Name of Interested Party	City, State, Country (place of busine	es <b>s</b> )	(check ar	plicable) Intermediary
				Controlling	memedary
				;	
	<u> </u>				
				,	
			<del>-</del>		
<u> </u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	,	<del></del> -	<u> </u>	
5	Check only If there is NO Interested Party.				
6	UNSWORN DECLARATION				
	Titland Valle	, and my date of	hirth is	9-5	-63
	My name is	, and my date of	۱۱ (۲۱ از مسید	47.5	// A A A
	My address is 16136 G. Flawdy Feb (street)		tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	i.			
	16 5	, State of, on the	1	day of Dec	, 20_ <b>Z/</b>
	and the second s	4. 7)		(month)	(Jour)
		11XX0 /Van	,		
		Signature of Authorized agent of con	itractir	ng business entity	
L		(Declarati)			la a agabead

FORM **1295** 

		**************************************			
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and countr of business.	ry of the business entity's place		ficate Number: -828047	
	Box Gang Manufacturing Houston, TX United States		Doto	⊏ilod.	
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		Filed: 1./2021	
_	being filed.				
	City of McAllen			Acknowledged: L/2021	
3	Provide the identification number used by the governmental entit	v or state agency to track or identify			/ide a
•	description of the services, goods, or other property to be provide			, ,	
	11-21-P19-03 Refuse dumpsters and roll-offs containers				
	Relase dumpsiers and foir-ons containers	·			
4	Name of Interested Porty	City Ctata County fulance of hypira	\	Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	Intermediary
				Controlling	intermediary
	• • • • • • • • • • • • • • • • • • • •				
			1		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of t	birth is		
					,
	My address is				,
	(street)	(city) (sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	v, State of, on the _	d	lay of	, 20
				(month)	(year)
		· · ·			
		Signature of authorized agent of cont (Declarant)	tracting	business entity	

FORM 1295

					011117		
Complete Nos. 1, 2, 3, 5, and on there are no interested parties.			CER	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of historics entity filling form, and the city, state and country of the business entity of the			icate Number: -795575			
	Town Band Association						
	McAllen , TX United States		Date I		·		
2	Name of governmental entity or state agency that is a party to the co	ontract for which the form is	08/26	5/2021			
_	being filed. City of McAllen		Date /	Acknowledged:			
	•						
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	22GFTBA The McAllen Wind Ensemble will present our 46th concert seaso	on "Music from the Heart."	*.				
				Nature of	interest		
4	Name of Interested Party C	city, State, Country (place of busine	ess)	(check ap	plicable)		
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		acade de montro y la montro d'	Controlling	Intermediary		
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-							
$\vdash$			-				
H							
l							
-	5 Check only if there is NO Interested Party.						
ľ	6 UNSWORN DECLARATION						
	My name is Jonathan Stevens	, and my date of	birth is	12/12	/83		
	My name is Jonathan Stevens  My address is 123 W. Shasta Avc.  (street)	McAllen T.					
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Hidalgo County,	State of $Texas$ on the	29	day of Nov.	_,2021.		
		R		(month)	(year)		
		Signature of outhorized agent of an	atro etie	a hucingee antity			
		Signature of authorized agent of cor (Declarant)	wacin	g business enuty			

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	Certificate Number:				
	of business.		2021	1-795575		
	Town Band Association 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		6/2021		
_	being filed.	e contract for which the form is				
	City of McAllen			Date Acknowledged: 11/30/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	ontract, and prov	ride a	
	22GFTBA					
	The McAllen Wind Ensemble will present our 46th concert sea	ason "Music from the Heart."				
4				Nature of		
	Name of Interested Party	City, State, Country (place of busin	ness)	<del> </del>	pplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	S		
	My addrage is					
	My address is(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	v. State ofon the		dav of	. 20	
		,,, on the		(month)	 (year)	
		Signature of authorized agent of con (Declarant)	ntractin	g business entity		

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		i	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: 2021-799044		
	International Museum of Art and Science McAllen, TX United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contra	ct for which the form is		/2021		
	being filed. City of McAllen		Date	Acknowledged:		
	City of Michieff		Date 7	-tottiowicagea.		
3	Provide the identification number used by the governmental entity or sta description of the services, goods, or other property to be provided under	te agency to track or identify er the contract.	the co	ntract, and prov	ide a	
	GFIMAS2022  The mission of the International Museum of Art & Science (IMAS) is t through its exhibitions, cultural events, and educational programs.	o promote a deeper appreci	ation o	of the arts and s	sciences	
4		DE SE-SE-SENSINA MANSEMPRIN (EARLY NOVE PERSON ALLE ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALLE SENSION AND ALL SENSION AND ALLE S		Nature of	A CONTRACTOR CONTRACTO	
	Name of Interested Party City, S	tate, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
				1		
 5	Check only if there is NO Interested Party.					
	X					
ь	UNSWORN DECLARATION			11		
	My name is Ann Fortescue	, and my date of b	oirth is	03/24/1	1962	
	My address is 1824 Kilgore Ave. N	ACAllen (sta	<u>(</u>	78504	Hoalgo	
		(51.7)	,	(Elb code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.	Magazek	-0		140	
	Executed inCounty, State of	of Lexes , on the	29 <sub>d</sub>	ay of Novew (month)	<b>炒</b> , 20 <mark>2(</mark> (year)	
		4 forto I we				
	Signa	ture of authorized agent of cont (Declarant)	racting	business entity	TTOT TO A STANLAR STAN	

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.		CF	OFFICE USE		
1				Certificate Number:		
	of business.		2021	1-799044		
	International Museum of Art and Science					
	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	09/0	7/2021		
	City of McAllen			Acknowledged: 01/2021		
3	Provide the identification number used by the governmental entit	ity or state agency to track or identi	fy the c	ontract, and prov	vide a	
3	description of the services, goods, or other property to be provid GFIMAS2022		.,	onitidos, and pro-	ido d	
	The mission of the International Museum of Art & Science (IM. through its exhibitions, cultural events, and educational progra		ciation	of the arts and s	sciences	
_	through its exhibitions, cultural events, and educational progre			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	plicable)	
				Controlling	Intermediary	
				† †		
				1		
				-		
_				-		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date c	of birth is	S	·	
	My address is		,		,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	<b>1</b> .				
	Executed inCounty	y, State of, on the	e	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	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: 2021-828043			
	IOC Company, LLC				
	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.	12/0.	1/2021		
	City of McAllen	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 c	ontract, and pro	vide a	
	project No. 10-21-C03-400 Northwest Blueline Hibiscus Tributary Improvements				
4			Nature o	f interest	
4	Name of Interested Party City, State, Country (place of busi	ness)	(check a		
_			Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Nancy (uellar Daven port , and my date o				
	My address is 9312 E. Curve Rd	state)	1854 2 (zip code)	, US A . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in Hidal 90 County, State of TUKUS, on the		day of <u>Occember</u> (month)	, 20 <u>21</u> . (year)	
	Sandra Luna My Commission Expires 11/09/2024 ID No 132772445	X			
	Signature of authorized agent of col (Declarant)	ntracting	business entity		

FORM 1295

Complete Nos. 1 - 4 and 6 if there Complete Nos. 1, 2, 3, 5, and 6 if t	are interested parties. here are no interested parties.				OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number: 2021-828043				
IOC Company, LLC							
Edinburg, TX United States				Date F			
Name of governmental entity or being filed.	state agency that is a party to the	ne contract for which	the form is	12/01	/2021		
City of McAllen				Date /	Acknowledged:		
City of McAlleri					2/2021		
Provide the identification number description of the services, good project No. 10-21-C03-400	er used by the governmental ent ds, or other property to be provi	ity or state agency to ded under the contra	track or identify	the co	entract, and prov	vide a	
Northwest Blueline Hibiscus T	ributary Improvements						
		1			Nature of	finterest	
Name of Intere	ested Party	City, State, Country	(place of busin	ess)	(check ap		
					Controlling	Intermediary	
						1	
		,					
Check only if there is NO Interes	sted Party.						
UNSWORN DECLARATION							
My name is			, and my date of	birth is			
My address is	(street)	(city)	,	tate)	(zip code)	(country)	
					(c.p. ovac)	(556/10))	
I declare under penalty of perjury t							
Executed in	Count	ty, State of	on the	d		, 20	
					(month)	(year)	
		Signature of author	ized agent of con (Declarant)	tracting	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE		
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			ERTIFICATION rtificate Number:	OF FILING	
1	Name of business entity filing form, and the city, state and count of business.	ess entity filing form, and the city, state and country of the business entity's place				
	Southern Trenchless Solutions, LLC					
_	La Feria,, TX United States			te Filed: /01/2021		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	5   12	101/2021		
	The City of McAllen			te Acknowledged: /03/2021		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		lentify the	contract, and prov	vide a	
	The City of McAllen					
	Manhole Rehabilitation Phase IV Project					
4	-			Nature o	f interest	
•	Name of Interested Party	City, State, Country (place of	business)		applicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my d	ate of birth	n is	·	
	My address is(street)	,(city)	, (state)	,(zip code)	(country)	
	(4.4.4)	(* 7)	(,	(	(*** ***)	
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	/, State of, c	on the		, 20	
				(month)	(year)	
		Signature of authorized agent (Declarant		ting business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	A CONTRACTOR OF THE PROPERTY O
	326	A STATE OF THE STA	2000000000000	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and count of business. $ \\$	ry of the business entity's place		icate Number: -828350	
	Southern Trenchless Solutions, LLC	€			1
	La Feria,, TX United States		CONTRACTOR AND AND ADDRESS OF	Filed:	i
	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	12/01	1/2021	
	The City of McAllen		Date .	Acknowledged:	1
	2				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	vide a
	The City of McAllen				
	Manhole Rehabilitation Phase IV Project				
				Netere	
4	Name of Interested Party	City, State, Country (place of busine	2001	Nature of (check ap	
	Name of interested Party	City, State, Country (place of busine	5331	Controlling	Intermediary
				20110111.19	Internious Lary
_					
-			_		
				e e	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				IAMM
	My name is Lamon Closner	, and my date of I	birth is	2191	1911
	1707 11 2 rd al A	(4) -1 ( 4.4 -1-		1	
	My address is 1305 W. 3 St. Its	OFFT 214 WESTACE (str.)	oate)	(zip code)	96 W (country)
	(2000)	1		, ,,	, , , , , , , , , , , , , , , , , , , ,
	I declare under penalty of perjury that the foregoing is true and correct	et.	.cl		1
	Executed in Cameron Country	y, State of exas, on the	D	day of Dece	n056 21.
				(month)	(year)
		11			
		\			
		Signature of authorized agent of cont (Declarant)	tracting	business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE 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: 2021-827779		
	RBM CONTRACTORS LLC				
	EDCOUCH, 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	11/3	0/2021	
	being filed.		Data	Acknowledged:	
	CITY OF MCALLEN			6/2021	
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	ride a
	10-21-C02-359				
	Dove Avenue Widening				
		l .		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
	a contract of the contract of				
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	3	
	My address is	,,,	,		,
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ot.			
	Executed inCount	ry, State of, on the		day of	, 20
				(month)	(year)
		Signature of authorized agent of con	ntractin	g business entity	

FORM 1295

_							_
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			100000000000000000000000000000000000000	ICE USE	ONLY OF FILING	3
1	Name of business entity filing form, and the city, state and count of business.	try of the business ent		Certificate 2021-8277			
	RBM CONTRACTORS LLC			ZUZ1-UZ1.	119		
	EDCOUCH, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the	ie contract for which th	ne form is	11/30/202	1		
	being filed.			Date Ackno	owledned:		
	CITY OF MCALLEN		ľ	Date Aurin	)Wieugea.		
0	The the the effection number used by the governmental ant	***	identify	the contrac	+ and proj	:4. 0	
3	description of the services, goods, or other property to be provide	ty or state agency to a ded under the contract	ACK OF IDEHLING C	the contrac	t, and prov	/Ide a	
	10-21-C02-359						
	Dove Avenue Widening						
•					Nature of		
4	Name of Interested Party	City, State, Country (	(place of busine		(check ap		
_				Cor	ntrolling	Intermediar	у
_				$\top$			
			-				
					$\longrightarrow$		
	7						
_						2	
_							
5	Check only if there is NO Interested Party.						
;	UNSWORN DECLARATION						
	My name is Braulio Rios	, ;	and my date of bi	irth is01/2	24/1981	·	
	Washington Court MONTE ODICTO DOAD	Edcouch	. TX	7853	Q	US	
	My address is9721 E. MONTE CRISTO ROAD (street)	(city)	, <u>IX</u> (stat		ip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	at.					
	Executed in Hidalgo County	y, State of Texas	, on the _3	0th_day of	November (month)	r, 20 <u>21</u> . (year)	
			_			SMM	
			2r				
		Signature of authorize	ed agent of contra (Declarant)	acting busin	ess entity		
		V	(Doolarant)				

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ficate Number: -829108	:
	Vecoplan LLC Archdale, NC United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	12/03	3/2021	
	City of McAllen		Date	Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	/ide a
	11-21-P04-120 Industrial Paper Shredder				
4	No	Sin. State South falls of having		Nature of	
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	Intermediary
V	ecoplan LLC	Archdale, NC United States			х
	,				
-					
5	Check only if there is NO Interested Party.		`		
6	UNSWORN DECLARATION			( )	
	My name is Sean Eliot	, and my date of	birth is	4/4/78	
	My address is 18082 Crabapple Ct (street)	San Bernardino. (s	)  late)	92407 (zip code)	, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in San Bernardino Count	y, State of <u>California</u> , on the	31-9	lay of Proud	e vr. 20 <u>2 ]</u> . (year)
		254	1	, , , ,	,
	<del>/</del>	Signature of authorized agent of con	itracting	j business entity	
L		(Declarant)			

FORM **1295** 

_				·	1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2021-829108			
	Vecoplan LLC		202.	1-029100		
2	Archdale, NC United States			Filed: 03/2021		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form	is 1270	13/2021		
	City of McAllen			Acknowledged: 6/2021		
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided in the services.	ty or state agency to track or led under the contract.	identify the c	contract, and prov	vide a	
	11-21-P04-120 Industrial Paper Shredder					
4	Name of Intercepted Doub.				finterest	
	Name of Interested Party	City, State, Country (place o	T business)	(check ap		
Ve	coplan LLC	Archdale, NC United State	es	Controlling	Intermediary X	
_	•	<u> </u>				
				ļ :		
				<u> </u>		
			<del></del>			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			···		
	My name is	, and my	date of birth is	5	·	
	My address is(street)	(city)	,, (state)	(ala and the	,	
1	·		(State)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCount	/, State of	on the	day of(month)	, 20 (year)	
		Signature of authorized agen (Declarat	t of contractin	g business entity		

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
of business. KSA Engine	of business. KSA Engineers, Inc.			Certificate Number: 2021-827884		
	ernmental entity or state agency that is a party to the		Date Filed: 11/30/2021			
being filed. City of McA	ien, Texas		Date Acknowledg			
description 08-20-S52-	dentification number used by the governmental ent of the services, goods, or other property to be provi 459 Amendment 3 Il services in connection with the construction pha	ded under the contract.	the contract, and j	orovide a		
4	Name of Interested Party	City, State, Country (place of busine	ss) (chec	ure of interest eck applicable)		
			Controlling	intermediary		
Fortner, Mitche	II L.	Longview, TX United States	X			
Hicks III, Walte	r F.	Tyler, TX United States	х			
Phipps, Craig		Sugar Land, TX United States	х			
Burns, Michael		Longview, TX United States	x			
Burns, Lanny		Longview, TX United States	x			
Aylor, Christopher		Tyler, TX United States	X			
**						
5 Check only	if there is NO Interested Party.					
6 UNSWORN	DECLARATION			·		
My name is	Craig H. Phi	pps, and my date of b	oirth is <u>1/2/19</u> 6	<u>69           </u> .		
My address i	s 816 Park Two Drive (street)	_	TX , <u>77478</u> (zip code)	, <u>USA</u> . (country)		
l declare und	ler penalty of perjury that the foregoing is true and corre	ect.				
Executed in	Fort Bend Coun	nty, State of <u>Texas</u> , on the <u>3</u>	30th day of <u>Nove</u> (mo			
		Signature of authorized agent of contr (Declarant)	racting business er	ntity		

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1 Name of business entity filing form, and the city, state and c of business. KSA Engineers, Inc. Longview, TX United States	Certificate Number: 2021-827884 Date Filed:				
2 Name of governmental entity or state agency that is a party	to the contract for which the form is	11/30/2021			
being filed. City of McAllen, Texas		Date Acknowledge 12/01/2021	d:		
Provide the identification number used by the governmental description of the services, goods, or other property to be p 08-20-S52-459 Amendment 3 Professional services in connection with the construction	rovided under the contract.	the contract, and p	rovide a		
4 Name of Interested Party	City, State, Country (place of busing	ess) (check	of interest applicable)		
Fortner, Mitchell L.	Longview, TX United States	Controlling	Intermediary		
Hicks III, Walter F.	Tyler, TX United States	X			
Phipps, Craig	Sugar Land, TX United States	X			
Burns, Michael	Longview, TX United States	Х			
Burns, Lanny	Longview, TX United States	Х			
Aylor, Christopher	Tyler, TX United States	Х			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
My name is	, and my date of	birth is			
My address is(street)		tate) (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and c	correct.				
Executed inC	County, State of, on the	day of (mont			
	Signature of authorized agent of con (Declarant)	tracting business enti	ty		

	CERTIFICATE OF INTERESTED PAR	IIES		FOR	м 1295	
					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE	Marketon and the second and the seco	
1	Name of business entity filing form, and the city, state and count of business.  Austin Wood Recycling, Inc.  Cedar Park, TX United States	try of the business entity's place		Certificate Number: 2021-828914		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		2/2021		
	being filed. City of McAllen			Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided to 5-21-S29-89  Grinding of Brush and Wood Waste	ty or state agency to track or identify ied under the contract.	the co	ontract, and prov	vide a	
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable)	
			$\dashv$	Controlling	Intermediary	
Ma	artin, Michael	Cedar Park, TX United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			1 1		
	,	, and my date of t	birth is	1/18/19	60	
	My address is 3875 E Whitestone Blud (street)	Cedar Park T	X ate)	78613 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		- L Q	)		
	Executed in Williamson County	, State of Texas , on the	<u>1</u>	lay of <u>Decemb</u>	<u>ser, 2021</u> . (year)	
		3 (/n				
		Signature of authorized agent of cont	racting	business entity		

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	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: 2021-828914				
	Austin Wood Recycling, Inc.			020011			
	Cedar Park, 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	12/02	2/2021			
	being filed.		Data	Acknowledged:			
	City of McAllen			7/2021			
_	Provide the identification number used by the governmental enti	ity or state agency to track or identify	-		vide a		
3	description of the services, goods, or other property to be provided	ded under the contract.	ane co	maci, and prov	nuo u		
	05-21-S29-89 Grinding of Brush and Wood Waste						
	of brasil and wood waste						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap			
				Controlling	Intermediary		
Ma	artin, Michael	Cedar Park, TX United States		Х			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is		•		
	My address is			/			
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCounty	y, State of, on the	c	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of con (Declarant)	tracting	g business entity			

FORM 1295

_				NAME AND ADDRESS OF	The same of the sa	Allega of the second second	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEI	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the business er	ntity's place	Certi	ficate Number: L-830291		
	Rio Grande Valley Communications Group McAllen, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which	the form is	12/0	7/2021		
	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 c	ontract, and pro	ovide a	
	12-15-NBI19-01 REGIONAL RADIO SYSTEM-FULL TIME SUBCRIPTION (IN	FRASTRUCTURE (	ONLY)				
4	Name of Internated Posts	City State County	· /ulasa of busins		00 SERVICE SERVICES	of interest	
	Name of Interested Party	City, State, Country	(place of busine	ess)	Controlling	pplicable) Intermediary	
			( <b>0</b> )				
		1					
	· · · · · · · · · · · · · · · · · · ·						
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Randy Ashley		and my date of b	irth is	10/27/196	3	
	My address is 118 Tulip Avenue	, McAllen	, <u>TX</u>		78504	USA_	
	(street)	(city)	(sta	ite)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in HidalgoCounty	, State of Texas	, on the _	7	day of Decem	nber <sub>0</sub> 21 (year)	
		010	_		(monut)	(year)	
		Signatur of authori		racting	g business entity		
			(Declarant)				

FORM 1295

_					CONTROL OF THE PROPERTY OF THE
	Complete 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.	try of the business entity's place	A STATE OF THE PARTY OF THE PAR	icate Number: -830291	
	Rio Grande Valley Communications Group	*	2021	-030291	
	McAllen, TX United States		Date	Filed:	
_				7/2021	
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	122,0,	,2022	
	City of McAllen		Date	Acknowledged:	
	City of Mortilett		12/07	7/2021	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identify ded under the contract.	the co	ontract, and prov	ride a
	12-15-NBI19-01				
	REGIONAL RADIO SYSTEM-FULL TIME SUBCRIPTION (IN	NFRASTRUCTURE ONLY)			
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
				-	
					0
				-	
		-			
	2				
r					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is		·
1	My address is		,		,
	(street)	(city) (s	tate)	(zip code)	(country)
	,				
1	I declare under penalty of perjury that the foregoing is true and corre-	ct.			
1	Executed inCount	ty State of on the		lay of	, 20 .
	LACOURT III	y,, on the		(month)	(year)
		Signature of authorized agent of con	ntracting	g business entity	

	CERTIFICATE OF INTERESTED	PAR	TIES	FOR	тм 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.	arties.		OFFICE USI	E ONLY	
1	Name of business entity filing form, and the city, state a of business.  QStar Technology Torrance, CA United States	and cour		CERTIFICATION OF FILING Certificate Number: 2021-830646  Date Filed: 12/08/2021  Date Acknowledged:		
	Name of governmental entity or state agency that is a p being filed. City of McAllen		he contract for which the form is			
3	Provide the identification number used by the governm description of the services, goods, or other property to PROJECT NO. 11-21-P21-01 SURVEILLANCE CAMERAS	ental ent be provi	tity or state agency to track or identify tided under the contract.	the contract, and pro	vide a	
4	Name of Interested Party		City, State, Country (place of busine		f interest oplicable) Intermediary	
HI	ILLSMAN, STEPHEN		TORRANCE, CA United States	Х		
	-					
		<u> </u>				
	Check only if there is NO Interested Party.	·				
6	UNSWORN DECLARATION					
	My name is Stephen Hillsman		, and my date of bi	irth is <u>1/11/1964</u>	·	
	My address is 2730 Monterey St, Ste 106 (street)		, Torrance , CA (city) (state		, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true a	ind correc	ct.			
	Executed in Los Angeles	County	ry, State of <b>California</b> , on the _	8 day of December (month)	<u>beթ<sub>0</sub> 21</u> (year)	
			1/12			
			Signature of authorized agent of contra (Declarant)	acting business entity		

FORM **1295** 

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FICE USE		
1	Name of business entity filing form, and the city, state and count of business.	Certifica 2021-83	te Number:			
	QStar Technology		2021 00	.0010		
	Torrance, CA United States		Date File	ed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is			021		
_	being filed.					
	City of McAllen	Date Ack 12/08/20	knowledged: 021			
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. 11-21-P21-01					
	SURVEILLANCE CAMERAS					
4	-			Nature of	interest	
•	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
			C	Controlling Intermedia		
HI	ILLSMAN, STEPHEN	X				
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is		·	
	My address is(street)		, state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Everythed in County	ay State of	dov	of	20	
	Executed inCounty	y, State of, on the	day	of(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. 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.  Buxton Company  Fort Worth, TX United States			Certificate Number: 2021-830467			
				2 333 131			
				Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	12/0	07/2021			
	City of McAllen		Date	e Acknowledged:			
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided.		fy the c	ontract, and prov	ide a		
	11-21-S06-01 Retail Recruitment						
		•		Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
	Hame of interested 1 arry	City, Citato, Country (place of Buc		Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			4/40/40			
		, and my date o			·		
	My address is 347 Bishop Dr	Weatherford	ΓX <sub>_</sub>	76088	US		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct		7	Doc	21		
	Executed in ParkerCounty	y, State of <b>Texas</b> , on th	e	day of(month)	, 20 (year)		
	1	Melus P		· ,			
		Signature of authorized agent of co (Declarant)	ontractin	g business entity			

FORM **1295** 

	ry of the business entity's place	CER	OFFICE USE		
	ry of the business entity's place	4			
	Name of business entity filing form, and the city, state and country of the business entity's place of business.  Certificate Number: 2021-830467				
Buxton Company		2021	000-01		
Fort Worth, TX United States					
	e contract for which the form is	12/07	'/2021		
•		Date /	Acknowledged:		
City of MicAlleri					
Provide the identification number used by the governmental ent	ity or state agency to track or identify	v the co	ntract and prov	vide a	
description of the services, goods, or other property to be provide		y tile co	minaci, and prov	iue a	
Netali Netrullineni					
			Nature of	interest	
Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
		$\longrightarrow$	Controlling	Intermediary	
Check only if there is NO Interested Party.					
UNSWORN DECLARATION					
My name is	, and my date of	birth is			
		, _		,·	
(street)	(city) (s	state)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correc	xt.				
Executed in Count	v. State of	ď	lav of	20 .	
Ount	, otate or, on the		(month)	 (year)	
		ntracting	business entity		
	Name of governmental entity or state agency that is a party to the being filed.  City of McAllen  Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided 11-21-S06-01  Retail Recruitment  Name of Interested Party  Check only if there is NO Interested Party.  UNSWORN DECLARATION  My name is	Fort Worth, 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.  11-21-S06-01  Retail Recruitment  Name of Interested Party  City, State, Country (place of busing the property of the provided under the contract)  Check only if there is NO Interested Party.  UNSWORN DECLARATION  Wy name is, and my date of the property of the provided under the contract.  (city) (c	Date 1207 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 codescription of the services, goods, or other property to be provided under the contract.  11-21-S06-01 Retail Recruitment  Name of interested Party  City, State, Country (place of business)  Check only if there is NO interested Party.  UNSWORN DECLARATION  My name is	Port Worth, TX United States   Date Fliet:   Name of governmental entity or state agency that is a party to the contract for which the form is   12/07/2021   Date Acknowledged:   12/08/2021   Date Acknowledge	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.	_		OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested partie			RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and of business.	l country of the business entity's place		ficate Number: L-825732	
	Rideco US Inc.		2023	023132	
	Los Angeles, CA United States			Filed:	
2	Name of governmental entity or state agency that is a party being filed.	y to the contract for which the form is	11/1	9/2021	
	City of McAllen, a home-rule municipality in Hidalgo Cou	untv	Date	Date Acknowledged:	
	ony community and manufacture party and manu				
3	Provide the identification number used by the government description of the services, goods, or other property to be		tify the c	ontract, and prov	ide a
	05-21-S38-01				
	Technology for on-demand transit services.				
_				Nature of	interest
4	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	plicable)
				Controlling	Intermediary
				<del>                                     </del>	
				<del>                                     </del>	
				$\longrightarrow$	
				<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	. Prem Gururajan			Sent 3 1980	
	My name is	, and my date	of birth is	Sept 3, 1980	·
	My address is 279 Weber St N	Waterloo	ON	N2K 4M4 ,	Canada
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and	correct.			
	Waterloo Executed in	County, State of Ontario, canada , on t	he	day of	, 20
		Λ Λ-		(month)	(year)
	_	1 den 1			
		Signature of authorized agent of (Declarant)	contractin	g business entity	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		tificate Number:		
	Rideco US Inc.			1 020102		
	Los Angeles, CA United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/2	19/2021		
	being filed.  City of McAllen, a home-rule municipality in Hidalgo County		Date	e Acknowledged:		
	City of McAlleri, a nome-rule municipality in Aldaigo County			08/2021		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		entify the			
	05-21-S38-01					
	Technology for on-demand transit services.					
4	-			Nature of	finterest	
-	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	te of birth	is	·	
	My address is			,	,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed inCounty	y, State of, on	the			
				(month)	(year)	
		Signature of authorized agent o	f contractio	na husiness entity		
		(Declarant)	i contractii	ng business chilly		

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 US		
1	Name of business entity filing form, and the city, state and co of business.		Cert	ificate Number:	TOT TILING	
	Core & Main LP		202	1-830988		
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party t	to the contract for which the form is	12/0	08/2021		
	being filed. City of McAllen		Date	Acknowledged		
	City of MicAllett			, ioillioniougou	•	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pr		entify the c	ontract, and pro	ovide a	
	Project No. 11-21-P03-96					
	Composite Wastewater Manhole Ring & Covers					
_				Nature (	of interest	
4	Name of Interested Party	City, State, Country (place of	business)	(check a	pplicable)	
				Controlling	Intermediary	
				_		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jennifer Pinales	, and my da	ate of birth i	oirth is 05/01/1993		
	My address is 100 N. 1st Street	, McAllen	_, <b>TX</b> ,	78501	_, USA	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.				
	Executed in Hidalgo	ounty, State of Texas, o	n the 8th	<sub>day of</sub> Decem	ber <sub>20</sub> 21	
		, o		(month)		
		Jennifer Pin	iales			
		of contractin	ng business entity	′		

FORM **1295** 

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place		ificate Number: 1-830988		
	Core & Main LP		202.	1-030300		
	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	12/0	08/2021		
	being filed.		Date	· ^ oknowledged:		
	City of McAllen			Date Acknowledged: 12/09/2021		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provided in the control of the services.					
	Project No. 11-21-P03-96					
	Composite Wastewater Manhole Ring & Covers					
4				Nature of		
	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap		
$\vdash$		<u> </u>		Controlling	Intermediary	
	-					
				1		
				<u>l                                      </u>		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date (	of birth is	s		
	My address is		,			
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	y, State of, on the	e	_day of	, 20	
				(month)	(year)	
	Signature of authorized agent of contracting business entity  (Declarant)					

FORM 1295

1 of 1

					2111.1/		
	Complete Nos. 1, 2, 3, 3, and on there are no interested parties.		CER	TIFICATION 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: 2021-831065			
	Doggett Heavy Machinery		L	=11 - al-			
	SAN JUAN , 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: 1/2021	te Number: 31065 ed: 021 knowledged: ract, and provide a  Nature of interest (check applicable) Controlling Intermediary		
2				12/09/2021  Date Acknowledged:			
	CITY OF MCALLEN						
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided to the provided	ity or state agency to track or identif	the co	ontract, and prov	ride a		
	11-21-P23-01 2 310L JOHN DEERE BACKHOES PROJECT NUMBER 11-	21-P23-01					
		1					
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap			
	,			Controlling	Intermediary		
		en jarre pare la contra de la contra de la contra de la contra de la contra de la contra de la contra de la co	ja fin				
Ī							
				:			
		10 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			. :		
		A Company of the Comp					
		, well the second					
5	Check only if there is NO Interested Party.	o september of the second of t					
6	UNSWORN DECLARATION  My name isCASEY J CAVAZOS	, and my date o	of birth i	12/08/1987 s			
	My name is	SAN JUAN			USA		
	My address is(street)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.					
			e9TH	day of _DECEMI			
		V ) Cm		· ·			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		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	Certificate Number: 2021-831065				
	Doggett Heavy Machinery		2021	1-831065			
	SAN JUAN , 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	12/09/2021				
	being filed.		Doto	A almandada adı			
	CITY OF MCALLEN		Date Acknowledged: 12/13/2021				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	ontract, and prov	vide a		
	11-21-P23-01						
	2 310L JOHN DEERE BACKHOES PROJECT NUMBER 11-2	21-P23-01					
4	!			Nature of			
	Name of Interested Party	City, State, Country (place of busir	ness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	3	·		
	My address is(street)	(city) (s	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	xt.					
				day of	20		
	Executed inCounty	y, State of, on the		(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

1 of 2

1 N	lame of business entity filing form, and the city, state and country of the business entity's place	
	f business.  /alley Symphony Orchestra	Certificate Number: 2021-811221
М	IcAllen, TX United States	Date Filed: 10/11/2021
be	lame of governmental entity or state agency that is a party to the contract for which the form is eing 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.

21 GF VSO

Symphonic concerts and events

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Valdez, Karen	McAllen, TX United States	×		
anchez, Saul McAllen, TX United States  McAllen, TX United States		х		
Rego, Sony	McAllen, TX United States	X		
Montanaro, Erika	McAllen, TX United States	х		
McDonald, Suzanne	McAllen, TX United States	х		
Guerra, Sally	McAllen, TX United States	х		
Green, Marsha	McAllen, TX United States	х		
Cummings, Joshua	McAllen, TX United States	x		
Contreras, Rutchie	Mission, TX United States	X		
Castañeda, Orlando	San Antonio, TX United States	х		
Brand, Othal	McAllen, TX United States	х		
Sers, Timothy	McAllen, TX United States	х		
Torkelson, Nina	Weslaco, TX United States	х		
Urey, Harry	McAllen, TX United States	x		
Crane, Michelle	McAllen, TX United States	х		
		·	<u> </u>	
		· · · · · · · · · · · · · · · · · · ·		
			<u>'</u>	

	CERTIFICATE OF INTERESTED PAR	HES	F	огм <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.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business.  Valley Symphony Orchestra  McAllen, TX United States	Certificate Number: 2021-811221			
2	Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	Date Filed: 10/11/2021		
	City of McAllen		Date Acknowled		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided as the services of the provided as the services of the s	ity or state agency to track or identify ded under the contract.	y the contract, and	provide a	
4	Name of Interested Party	City, State, Country (place of busin	1	re of interest k applicable)	
			Controllin	g Intermediary	
			· · · · · · · · · · · · · · · · · · ·		
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION		. ]	,	
	My name is	, and my date of I	birth is <u>4/25</u>	/82	
	My address is <u>2800 E. 254</u> (street)	, <u>M1881a, 77</u> (city) (st	x 78574 ate) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	st.			
	Executed in HIdalgo County	y, State of TEXM on the	12 day of <u>O</u>	20 <u>2)</u>	
		La Company			
		racting business en	ity		

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.  Valley Symphony Orchestra	Certificate Number: 2021-811221
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: 10/11/2021
	City of McAllen	Date Acknowledged: 12/14/2021

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.

21 GF VSO

Symphonic concerts and events

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)		
		Controlling	Intermediary	
Valdez, Karen	McAllen, TX United States	x		
Sanchez, Saul	McAllen, TX United States	Х		
go, Sony McAllen, TX United States		х		
Iontanaro, Erika McAllen, TX United States		х		
McDonald, Suzanne				
uerra, Sally McAllen, TX United States		х	. <u></u>	
reen, Marsha McAllen, TX United States		Х		
Cummings, Joshua	McAllen, TX United States	Х		
Contreras, Rutchie	Mission, TX United States	х		
Castañeda, Orlando	San Antonio, TX United States	Х		
Brand, Othal	McAllen, TX United States	Х		
Sers, Timothy	McAllen, TX United States	х		
Torkelson, Nina	Weslaco, TX United States	х		
Urey, Harry	McAllen, TX United States	х		
Crane, Michelle	McAllen, TX United States	х		
			· . <u></u> .	

# 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. 2021-811221 Valley Symphony Orchestra 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 10/11/2021 City of McAllen Date Acknowledged: 12/14/2021 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. 21 GF VSO Symphonic concerts and events Nature of interest 4 Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is \_\_\_\_ \_\_\_\_\_, and my date of birth is \_\_\_\_\_ My address is \_\_\_\_\_ (street) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_\_\_\_, on the \_\_\_\_day of \_

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarant)

Version V1.1.191b5cdc

## **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. 2021-832579 Chastang Enterprises-Houston, LLC dba Chastang Autocar Houston Texas Canada Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 12/14/2021 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. 11-21-P08-194 Ten PROJECT NO. 11-21-P08-194 TEN REFUSE TRUCKS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Norberg, Carl Houston, TX United States Х 1 ž. 5 Check only if there is NO interested Party. 6 UNSWORN DECLARATION , and my date of birth is USA (country) I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Signature of authorized agent of contracting business entity (Declarat)

\_\_\_

Version V1.1.191b5cdc

(vear)

#### 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. 2021-832579 Chastang Enterprises-Houston, LLC dba Chastang Autocar Houston Texas Canada Date Filed: Name of governmental entity or state agency that is a party to the contract for which the form is 12/14/2021 being filed. Date Acknowledged: City of McAllen 12/14/2021 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. 11-21-P08-194 Ten PROJECT NO. 11-21-P08-194 TEN REFUSE TRUCKS Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Norberg, Carl Houston, TX United States 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_\_\_\_\_, and my date of birth is \_\_\_\_\_\_ My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_ (month) (vear) Signature of authorized agent of contracting business entity (Declarant)

**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.		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	Certi	Certificate Number: 2021-823538		
	TYMCO, Inc.		2023	L-023330		
	Waco, 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	11/1	5/2021		
	being filed. City of McAllen		Date	Date Acknowledged:		
	ong or mor more		12/15/2021			
3	Provide the identification number used by the governmental enti	ty or state agency to track or identi	fy the c	ontract, and prov	vide a	
-	description of the services, goods, or other property to be provide	led under the contract.	,	and with bit		
	Project No. 10-21-P07-01 Street Sweepers					
				Noture of	Lintoract	
4	Name of Interested Party	City, State, Country (place of bus	ness)	Nature of (check ap		
				Controlling	Intermediary	
_						
			_			
				'		
		<u>-</u>				
		<u>.                                    </u>				
5	Check only if there is NO Interested Party.					
	x	, <u>, , , , , , , , , , , , , , , , , , </u>				
6	UNSWORN DECLARATION					
	My name is	, and my date o	f birth is	;	•	
			. D. u. 13		•	
	My address is	1			,	
	(street)		state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	/, State of on the		day of	. 20 .	
		, Of the		(month)	, 20 (year)	
		Signature of authorized agent of co	ntracting	g business entity		
	(Declarant)					

#### **CERTIFICATE OF INTERESTED PARTIES** FORM 1295 1 of 1 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2021-823538 TYMCO, Inc. Waco, TX United States Date Filed: 11/15/2021 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. Project No. 10-21-P07-01 Street Sweepers Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary 5 Check only if there is NO Interested Party. X **6 UNSWORN DECLARATION** Kenneth J. Young 3/26/1952 My name is ... and my date of birth is 3108 Woodlake Waco **USA** TX 76710 My address is (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. 15<sup>th</sup> McLennan November 21 Executed in\_ County, State of on the day of

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V1.1.191b5cdc

(month)

Signature of authorized agent of contracting business entity (Declarant)

CERTIFICATE OF INTERESTED PAR		FOR	м 1295	
		*, *,	1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION		
<ol> <li>Name of business entity filing form, and the city, state and cou of business.</li> <li>Doggett Freightliner of South Texas, LLC Converse, TX United States</li> </ol>		Certificate Number: 2021-833160 Date Filed: 12/15/2021 Date Acknowledged:		
Name of governmental entity or state agency that is a party to being filed.     City of McAllen	the contract for which the form is			
3 Provide the identification number used by the governmental er 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 ser	atity or state agency to track or identify Ided under the contract.	the contract, and pro	vide a	
4 Name of Interested Party	City, State, Country (place of busing	********	of Interest pplicable) Intermediary	
Doggett Industries Investments, LLC	Dallas, TX United States		х	
Doggett, William	Houston, TX United States	×		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION  My name is Michael Crocice#	, and my date of	birih is <u>(0-17</u> -	1975	
My name is Michael Crocice#  My address is 360 Bear Ridge M. (street)	ha Wernici.	7 <u>617</u> (zip code)	1. USA (country)	
I declare under penalty of perjury that the foregoing is true and correct.  Executed in				

#### 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. 2021-833160 Doggett Freightliner of South Texas, LLC Converse, TX United States Date Filed: 12/15/2021 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 12/15/2021 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. 11-21-P08-194 Refuse trucks Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary Dallas, TX United States Doggett Industries Investments, LLC Houston, TX United States Χ Doggett, William 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** My name is \_\_ \_\_\_\_\_, and my date of birth is \_ My address is \_\_\_ (street) (city) (state) (zip code) (country) I declare under penalty of perjury that the foregoing is true and correct. Executed in \_\_\_ (month) (year) Signature of authorized agent of contracting business entity

(Declarant)

FORM 1295

_								
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		-		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.	y of the bu	siness entity	s place	Certificate Number: 2021-815201			
	Boys & Girls Club of McAllen, Inc.							
	McAllen, TX United States				Date I			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			orm is	10/20	)/2021		
	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.							
	22 GF BGCM							
	Direct Services							
						Nature of	interect	
4	Name of Interested Party	City, State	e, Country (pla	ce of busing	ess)	(check ap		
		,,	, , \pi		- ~	Controlling	Intermediary	
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			· · · ·					
_								
			•					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Dalinda Alcantar		, an	d my date of	birth is	September 2	<u> 3, 1980        </u> .	
	1502 Houde Cirolo		McAllen		τv	78504	1167	
	My address is1502 Hawk Circle		(city)		TX_, ate)	(zip code)	, USA . (country)	
	(onoosy		())	(3)	,	(=.p 3040)	(//)	
	I declare under penalty of perjury that the foregoing is true and correct	i.						
	Executed in Hidalgo County,	, State of _	Texas	, on the	25th c	day of <u>Octob</u>	er., 20 <u>21</u> .	
				1-tal		(month)	(year)	
l		Signatur	e of authorized	agent of con	tractine	n business entity		
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CI	OFFICE USE ERTIFICATION			
1	Name of business entity filing form, and the city, state and country of business.	y of the business entity's p		Certificate Number:			
	Boys & Girls Club of McAllen, Inc.		202	21-815201			
	McAllen, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form	n is 10/	10/20/2021			
	City of McAllen			te Acknowledged:			
				15/2021			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		r identify the	contract, and prov	/ide a		
	22 GF BGCM						
	Direct Services						
_				Nature of	f interest		
4	Name of Interested Party	City, State, Country (place	of business)	· · · · · · · · · · · · · · · · · · ·	(check applicable)		
				Controlling	Intermediary		
	·				•		
					·=· ··		
H		<u> </u>	<del></del>				
5	Check only if there is NO Interested Party.						
	X						
6	UNSWORN DECLARATION						
	My name is	, and m	nv date of hirth	is			
			., 0. 0. 0. 1. 1	· ·=	·		
	My address is						
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	, State of	_, on the	day of	, 20		
				(month)	(year)		
	·						
		Cignature of outborized ==	ant of centre	ing huginess satis			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

					THE RESIDENCE OF THE PERSON OF		
	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	_	Certificate Number:			
	of business.	- Image shade	0.000.000.000	1-834995			
	Frontera Materials Inc Elsa, TX United States		Date	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		2/2021			
	being filed. City of McAllen		Date	Acknowledged:			
	5.y 55 mon			9/2021			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		ntify the c	ontract, and pro	vide a		
	10-21-SP02-78	aca ander the contract.					
	TYPE "D" HOT MIX ASPHALTIC CONCRETE						
				Nature o	f interest		
4	Name of Interested Party	City, State, Country (place of bu	ısiness)		oplicable)		
_				Controlling	Intermediary		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	of birth is	S			
	My address is(street)	(city)	(state)	(zip code)	(country)		
	(Subst)	(5.5)	(0.0.0)	(Elp code)	(0001111)/		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	v, State of, on t	he	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of	contraction	a business entity			
		(Declarant)	contractiff	y business chilly			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		Certificate Number: 2021-834995			
	Frontera Materials Inc			0.000 00			
	Elsa, TX United States		100 Y 10 D 10 D 10 D 10 D	Date Filed: 12/22/2021			
2	Name of governmental entity or state agency that is a party to the contract for which the form is			2/2021			
	being filed. City of McAllen		Date	Acknowledged:			
			-				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.						
	10-21-SP02-78				1		
	TYPE "D" HOT MIX ASPHALTIC CONCRETE						
_				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)		
	Hame of merested t arry	, ,		Controlling	Intermediary		
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_							
4.5							
-							
_							
_				1			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			/	/		
	My name is E E FORSHAGE TIE	, and my date of	birth is	s 8/17/	163		
	My address is 25631 LAGUNA SECA R	d. Elinburg 7	×.	78541	. USA.		
	(street)	(Gity) (S		(2-12-000)	, <del>-</del>		
	I declare under penalty of perjury that the foregoing is true and correct	ct.		.0 ^ .			
	Executed in Hotalyo Count	ty, State of Te XIII, on the	D31	day of De cem	oc. 20 <u>21</u> . (year)		
			atrocti-	ng hueinage antib:			
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2021-835032					
	Upper Valley Materials, LLC d/b/a CAPA		2023				
	Palmview, TX United States			Date Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	12/2	2/2021			
	City of McAllen		Date	Date Acknowledged:			
			12/2	9/2021			
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. 10-21-SP02-78						
	Pick Up of Type D Hot Mix Asphaltic Concrete						
		<u> </u>		Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)		
				Controlling	Intermediary		
			8				
		-					
5	Check only if there is NO Interested Party.			'			
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is		·		
	My address is				·		
	(street)	(city) (s	tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	y, State of, on the					
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING			
1	of business.  Upper Valley Materials, LLC d/b/a CAPA			ertificate Number: 021-835032 ate Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which t	he form is	12/22	22/2021		
	being filed. City of McAllen			Date	e 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. 10-21-SP02-78  Pick Up of Type D Hot Mix Asphaltic Concrete					vide a	
					Nature o	of interest	
4	Name of Interested Party	City, State, Country	(place of busine	ss)	(check applicable)		
					Controlling	Intermediary	
					,		
_							
_							
_							
_			)¥				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Larry Hinojosa	,	and my date of b	irth is	11/08/1959	·	
	My address is 2806 N 44th Ln (street)	, McAllen (city)	,,,,	(3) (V)	78501 (zip code)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in Hidalgo County	y, State of <u>Texas</u>	, on the <u>2</u>	<u>22</u> d	lay of Decemb	er, 20 <u>21</u> . (year)	
		Larry	Hinojosa				
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY ERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	, - 1	Certificate Number: 2021-833628			
	SILSBEE FORD					
	SILSBEE, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the	form is	12/16/2021		
	city of McAllen		c	Date Acknowledged:		
			1	2/28/2021		
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 11-21-P09-88					
	POLICE VEHICLES					
_		<u> </u>		Nature o	f interest	
4	Name of Interested Party	City, State, Country (p	lace of busines		pplicable)	
				Controlling	Intermediary	
DO	DNALSON, DREW	SILSBEE, TX United	d States	Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, a	nd my date of bir	rth is	·	
	My address is				_,	
	My address is(street)	(city)	(state	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCount	y, State of	, on the		, 20	
				(month)		
		Signature of authorize		acting business entity		
	(Declarant)					

# CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING Certificate Number; 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. 2021-833628 SILSBEE FORD Date Filed: SILSBEE, TX United States 12/16/2021 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: city of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. PROJECT 11-21-P09-88 **POLICE VEHICLES** Nature of interest 4 City, State, Country (place of business) (check applicable) Name of Interested Party Controlling Intermediary X SILSBEE, TX United States DONALSON, DREW 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is My name is (city)

Executed in

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

Signature of authorized agent of contracting

County, State of

giness entity

FORM **1295** 

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	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION		
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number:			
	NUECES POWER EQUIPMENT	\I	2021-835009		
	Corpus Christi, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	12/22/2021		
	CITY OF MCALLEN PUBLIC UTILITY	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.				
	12-21-P25-01 CASE 588H ALL-TERRAIN FORKLIFT				
4	News of International Pro-			of interest	
	Name of Interested Party	City, State, Country (place of busine	ess) (check a	pplicable)	
			Controlling	Intermediary	
		4			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
,	My name is MATIHEN SMITH	, and my date of b	irth is	*):	
ı	My address is 7510 IH -37 (street)	(city) T	7846 (zip code)	Gustry)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	11.111	State of $\nearrow$ , on the $Z$		_,2021.	
	11/la	ale ( Sie	(month)	(year)	
	_1/100	Signature of authorized agent of contra (Declarent)	acting business entity	<del></del> ;,	

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2021-835009				
	NUECES POWER EQUIPMENT		202	.1-633009			
				Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	12/2	12/22/2021			
	being filed.				oto Aaknowladaad		
	CITY OF MCALLEN PUBLIC UTILITY		<b>Date Acknowle</b> 12/27/2021				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		dentify the contract, and provide a				
	12-21-P25-01						
	CASE 588H ALL-TERRAIN FORKLIFT						
_				Nature of	finterest		
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap	applicable)		
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth	is			
	My address is						
	My address is(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	xt.					
	Executed inCounty	y, State of, on	the	_day of	, 20		
				(month)	(year)		
		Cienchus - 5 - wh-	Lagretic of	na huairean an			
		Signature of authorized agent of (Declarant)	contractii	ng business entity			

FORM **1295** 

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE 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: 2021-829110		
	Municipal Emergency Services Inc.		2021	-029110		
	Houston, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the conti	ract for which the form is		3/2021		
	being filed.					
	City of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental entity or sidescription of the services, goods, or other property to be provided under	tate agency to track or identify der the contract.	the co	ontract, and prov	ride a	
	11-21-P20-01 Self Contained Breathing Apparatus (SCBA) Equipment					
_	I			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.					
	UNSWORN DECLARATION			,	,	
	My name is Jodd Masgav, and my date of birth is 67/03/1967.					
	My address is 600 Contury flaza for Svite C-160, Houston, TX, 77073, US.  (street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct.		c.1	,		
	Executed in Harris County, State	e of $1000000000000000000000000000000000000$	3'0	day of <u>Necent</u>	√∫, 20 <u>∠</u> ]. (year)	
	MT4M (year)					
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295** 

	Complete Nos. 1 - 4 and 6 if there are interested parties.  Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.  OFFICE USE ONLY CERTIFICATION OF FILIN						
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2021-829110				
	Municipal Emergency Services Inc.		202	.1-029110			
	Houston, TX United States Date			te Filed:			
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.				2/03/2021		
	City of McAllen	te Acknowledged: /27/2021					
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 ider led under the contract.	ntify the o	contract, and prov	vide a		
	11-21-P20-01						
	Self Contained Breathing Apparatus (SCBA) Equipment						
4				Nature o			
	Name of Interested Party	City, State, Country (place of bu	ısiness)	(check ap			
				Controlling	Intermediary		
				_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth	is	·		
	My address is			.,	.,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on	the				
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contracti	ng business entity			