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				
 Name of business entity filing form, and the city, state and c of business. 	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		, 	•		
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	
 Name of business entity filing form, and the city, state and count of business. 	try of the business entity's place		ficate Number: -691781	•
M.J.A. Construction, LLC Mission, TX United States		Date	Filed:	
Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	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	 • -	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 1 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		
		(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 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 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>					
┞			•		
<u> </u>	the state of the s				
L					
L					
L					
L					
			5 .		
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		
	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)
		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
	·					
				-		
				-		
_						:
		"."				
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	
(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
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	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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-	<u> </u>				
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-			···-	<u> </u>	
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 _{ay of} 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	
_				 		
					•	
					·	
_		·				
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 ^e
	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	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	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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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		
		ر مر ر مر		
		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)
and the first of the control of the	A = AMAA			A CONTRACTOR OF THE PARTY OF TH

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.					
3 :	UNSWORN DECLARATION					
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					
	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)	
					, ,	. ,
		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	И		
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	
=					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 72XA5 , on the	134	day of <i>Octobe</i> (month)	<u>(r</u> , 20 <u>20</u> . (year)	
	(-	Poterio A Horse		,)		
ļ		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				
 Name of business entity filing form, and the city, state and cour of business. 	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		
Name of governmental entity or state agency that is a party to the being filed.	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>	- -			
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 129 5
	·		1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
 Name of business entity filing form, and the city, state and co of business. 	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			1
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

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	Complete Nos. 1 - 4 and 6 if there are interested parties, Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CEI	OFFICE USI			
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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			_			
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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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 t.	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						
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	
			-, ,		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	
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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	- 			
	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	
						
					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
			- "			
		<u> </u>	<u></u>			
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	· · ·					
	-		•			
			<u> </u>			
		·	· 		=	.==
_						<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			
 Name of business entity filing form, and the city, state and c of business. 	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:					
Name of governmental entity or state agency that is a party being filed.	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	
			- ,	Controlling	Intermediary
-					
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			\exists		
				· · · · · · · · · · · · · · · · · · ·	
5	Check only if there is NO interested Party.				
6	UNSWORN DECLARATION			·	
	My name is	, 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>
		DI AH			İ
		Signature of authorized agent of contra (Declarant)	actina l	business entity	
or	ne provided by Tayan Ethion 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	
_						
						
					-	
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 filing 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**

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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 plot of business.		Certificate Number: 2021-740700			
	Waukesha Pearce Industries, LLC					
9	Houston, TX United States		ate Filed: 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)		
_		 -	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,	-	. 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 ___

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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	
 Name of business entity filing form, and the city, st of business. 	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> 	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	- 				
	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	
	() () () () () () () () () ()	and my date of t				
	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 coni (Declarant)	racting busin	ess entity		
	this provided by Tayas Ethics Commission Hauss ethics state by us	franciality.				

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 to the provided the services 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 ec	rootin-	huginges assiste			
	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 entity'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	(1)	
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	
ya kanan manan kanan /del>	may may an agus conserver conserved an equipment similar to apply the first of the program of th	***		
, apprinter a la proposition de la printe de la printe del la printe della printe				
	and the second s			
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	<u> </u>			
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 2 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
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				!	
				<u> </u>	
				ı	
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			(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>				·
	- -	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					· ·		
	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	Wat lahun					
		Signature of	authorized agent of co	ntracting	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. 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			Date A 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	t.					
	Executed inCounty	/, State of	., on the	da	v of	, 20 .	
	-				(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)

Forms provided by Texas Ethics Commission

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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			
Αı	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>21</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

www.ethics.state.tx.us

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**

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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.		ÇEI	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: 2021-757582						
	Musco Sports Lighting, LLC Oskaloosa, IA 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.			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.					ide a		
	PROJECT NO. 05-21-P12-01 LIGHTING MATERIAL AND INSTALLATION FOR MCHI TENN		· ·				
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest iness) (check applicable)				
	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				<u></u>		
	My name is	birth is	S	-			
	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			
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CERTIFICATE OF INTE	RESTE	PART	ries			FORI	и 129 5
		1	•				1 of 1
Complete Nos. 1 - 4 and 6 if there are inter Complete Nos. 1, 2, 3, 5, and 6 if there are	ested parties. no interested	parties.				OFFICE USE	
Name of business entity filing for reaction business.			ry of the business entity's p	lace	Certif	icate Number: -740456	
Swarco Industries LLC Columbia, TN United States		٠.				Filed:	:
Name of governmental entity or state age being filed.	ency that is	party to the	e contract for which the for	is		H2021 Acknowledged:	
City of McAllen	_					٠	
3 Provide the Identification number used description of the services, goods, or o	by the gover ther property	mental enti to be provid	ty or state agency to track o led under the contract.	r identify	the co	ontract, and prov	ide a
Project No. 04-21-SP11-179 Supply Thermoplastic Material to the	City of McAll	en if award	ed.				
4			City, State, Country (place	of husin	oce)	Nature of (check ar	
Name of Interested Pa	arty		City, State, Country (place	Of Dusin	C331	Controlling	Intermediary
Swarco Industries LLC	·		Columbia, TN United St	ates		X	
			·				
			·				
				· .			
7	····				-		
							
5 Check only if there is NO Interested Pa	irty.						
6 UNSWORN DECLARATION Jon Sproul			4-		: h.!	s <u>n/a</u>	
My name is			and n	y date of	DIF (ET 45	<u> </u>	· · · · · · · · · · · · · · · · · · ·
My address is 270 Rutherford L	ane		Columbia			38401	
(str	-		· (city)		state)	(zip code)	(country)
I declare under penalty of perjury that the	toregoing is t		TAI		2515	Mav	21
Executed in Maury		Coun	ty, State of	on the		day of May (month)	
			March	-	2)	·
,				ant of Co	ntractin		
Forms provided by Texas Ethics Comm	ission	www.e	thics.state.tx.us			Versio	n V1.1.ceffd98a
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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.	Certificate Number: 2021-741504						
	Ozark Materials, LLC				and the state of			
				Date I	Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which	the form is	04/21	./2021			
	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	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	Name of Interested Party City, State, Country (place of business)			(check ap			
_					Controlling	Intermediary		
			,					
_		<u> </u>		.*				
				-				
				•				
			:					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION	·						
	My name is D Michae1 Dean		, and my date of	birth is	March 29, 195	59		
			.					
	My address is 591 G1enda1e Ave	,Greenville	AL		36037	USA		
	(street)	(city)	(5	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.						
	Executed in But1er Coun	ty, State of Alabama	1	21 6	April	20 21		
	Coun	iy, sigle of			(month)	, 20 <u>21</u> (year)		
		R			(monary	(Jeer)		
		Signature of autho		tracting	business entity	· · ·		
L			(Declarant)		<u>, , , , , , , , , , , , , , , , , , , </u>	·		
Fr	rms provided by Texas Ethics Commission www.e	thics state tx us			Version	V/1.1 ceffd98:		

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.		ÇEI	OFFICE USE	ONLY OF FILING
	Name of business entity filing form, and the city, state and country of the business of business.	ss entity's place		ficate Number: 1-670107	
	Silver Ribbon Community Partners Mcallen, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the contract for wire being filed.		1/2020		
	City of Mcallen CDBG		Date	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agenc description of the services, goods, or other property to be provided under the co	y to track or identify ntract.	the co	ontract, and prov	ride a
	B-20-MC-48-0506 Provide financial assistance to the elderly and adults with disabilities for rent/	rent deposits, utility/	utility		
	equipment and medical expenses.			Nature of	
4	Name of Interested Party City, State, Co.	untry (place of busine	ess)	plicable)	
				Controlling	Intermediary
			_		
					
5	Check only if there is NO Interested Party.	_			
6	UNSWORN DECLARATION			-1.11	terren
	My name is Migdalia Ochma My address is 1201 W Esperanza MA	_	oirth Is	5/10/6	<u> </u>
		city) (st	ate)	78307 (zip code)	(country)
	ا declare under penalty of perjury that the foregoing is true and correct.		<i>A</i> ;	o ,	e le
	Executed in Hidaly County, State of The	<u>VUS</u> , on the	21	day of <u>Xp+,</u> (month)	, 20 <u> & O</u> _ (year)
	me	choz			
	Signature of a	uthorized agent of con (Declarant)	tractin	g business entity	

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	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	he form is	09/2	1/2020		
	City of Mcallen CDBG			Date	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	medical	
4	одельного ини пточтом одрогносо.			Nature of interest			
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap	plicable)	
		·			Controlling	Intermediary	
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			-			·	
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				 -		 	
					<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	3		
	My address is			,			
	(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	
		,,			(month)	, 20 (year)	
Signature of authorized agent of contracting business entity (Declarant)							