Γ	CERTIFICATE OF INTERESTED PART						
	CERTIFICATE OF INTERESTED FART	IE3			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	of business.	ry of the business ent	ity's place		fi cate Number: -837391		
	Doggett Heavy Machinery SAN JUAN, TX United States			Date	Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is 01				06/2022		
	being filed. CITY OF MCALLEN				Acknowledged: 5/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid			the co	ontract, and prov	vide a	
	Project No. 12-21-P24-01		•				
	324L WHEEL LOADER						
4			(-)		Nature of		
	Name of Interested Party	City, State, Country	(place of busin	ess)	(check ap Controlling	plicable) Intermediary	
F							
┝							
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)	(st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	, State of	, on the _	c	lay of	, 20	
					(month)	(year)	
		Signature of authoriz	ed agent of con (Declarant)	tracting	g business entity		

CERTIFICATE	OF INTERESTED	PARTIES
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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. Doggett Heavy Machinery SAN JUAN, TX United States	2022 Date	Certificate Number: 2022-837391 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN		5/2022 Acknowledged:		
3	description of the services, goods, or other property to be provided under the contract. Project No. 12-21-P24-01 324L WHEEL LOADER				
4	Name of Interested Party City, State, Country (place of b	usiness)	Nature of (check ap Controlling		
-					
-					
		*			
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION CASEY J CAVAZOS My name is, and my da	ate of birth i	s12/08/1987		
	My address is,,, SAN JUAN	_,, _,,	78589 (zip code)	_, USA (country)	
	(street)	(state)	(ZIP GODE)	(oounuy)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed inCounty, State of, or	n the	H_day of _JANUAR' (month)	(, 20 <u>_22</u> . (year)	
	Signature of authorized agent (Declarant)	of contractin		V/1 1 191b5c	

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.				ate Number:		
	LiftFund Inc.			2022-8	5/30L		
	San Antonio, TX United States			Date Fi	led:		
2				01/06/2	2022		
	being filed.			.			
	City of McAllen			Date Ad	cknowledged:		
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.						
	FY 2021-22 DCMI LiftFund						
	McAllen Interest Buy Down and Marketing						
4					Nature of	interest	
-	Name of Interested Party	City, State, Country	/ (place of busine	· –		pplicable)	
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is _Janie Barrera	,	and my date of I	oirth is _I	November 30, ⁻	1954	
	My address is _2014 S. Hackberry	, _San Antonio_	,Te:	xas, _78	210,	_USA	
	(street)	(city)	(sta		(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	.t.					
	Executed inBexarCounty,	State ofTexas	, on the _6	ithd			
	<i>—</i>	-DocuSigned by:			(month)	(year)	
		Janie Barrera					
		1785AE45FE7744F Signature of author	ized agent of cont	racting h	usiness entity		
		Signature of author	(Declarant)	acung L	rusiness enuly		

FORM 1295

					1011	
	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.		С	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: 2022-837361		
	LiftFund Inc.					
	San Antonio, TX United States			te Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form i	s 01	/06/2022		
	being filed. City of McAllen			te Acknowledged:		
				/10/2022		
3	Provide the identification number used by the governmental enti	ty or state agency to track or i	dentify the	contract, and prov	vide a	
5	description of the services, goods, or other property to be provid		····, ···			
	FY 2021-22 DCMI LiftFund					
	McAllen Interest Buy Down and Marketing					
				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of	f business)			
	-			Controlling	Intermediary	
_						
┣—						
5	Check only if there is NO Interested Party.					
0	UNSWORN DECLARATION					
	My name is	, and my o	date of birth	is	·	
	My address is		,	_,	.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	:t.				
	Executed inCount	y, State of,	on the	day of (month)	, 20 (year)	
				(month)	(year)	
		Cignoture of outbast-ad arrest	of contra-	ing hugingge anti-		
		Signature of authorized agent (Declaran		ing business entity		
		•				

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			1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION		
 Name of business entity filing form, and the city, state and cou of business. SAMES, Inc. McAllen, TX United States 	untry of the business entity's place	Certificate Number: 2021-832500 Date Filed:		
Name of governmental entity or state agency that is a party to being filed. City of McAllen	the contract for which the form is	12/14/2021 Date Acknowledged:		
Provide the identification number used by the governmental endescription of the services, goods, or other property to be propert Project No. 11-21-C08-227 Terminal Restroom Renovations at McAllen International A	vided under the contract.	the contract, and pro	ovide a	
Name of Interested Party	City, State, Country (place of busine	ess) (check a	of interest opplicable)	
faldonado, Samuel D.	Edinburg , TX United States	Controlling X	Intermediary	
/aldonado , Saul D.	Edinburg , TX United States	×		
	-			
Check only if there is NO Interested Party.				
UNSWORN DECLARATION My name is Saul D. Maldonado	, and my date of	birth is02/14/19	79	
My address is		X, 78542 ate) (zip code)	_, <u>USA</u> . (country)	
I declare under penalty of perjury that the foregoing is true and corr				
	unty, State of <u>Texas</u> , on the <u>1</u>	4th_day of Decemb (month		
	Signature of authorized agent of cont	tracting business entity	,	
orms provided by Texas Ethics Commission www.	(Declarant) ethics.state.tx.us		V1.1.191b5c	

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	e Nos. 1 - 4 and 6 if there are interested parties. e Nos. 1, 2, 3, 5, and 6 if there are no interested	parties.		Γ	OFFICE US		
	f business entity filing form, and the city, state	3	y of the business entity's place		Certificate Number:		
of busin				2	2021-832500		
SAMES	, Inc. n, TX United States				Date Filed:		
	f governmental entity or state agency that is a	a party to the	contract for which the form is		2/14/2021		
being fil							
City of N	McAllen				Date Acknowledged	:	
3 Provide descript	the identification number used by the govern tion of the services, goods, or other property	nmental entity to be provide	y or state agency to track or id ed under the contract.	entify th	he contract, and pro	ovide a	
	No. 11-21-C08-227 al Restroom Renovations at McAllen Interna	ational Airpo	ort (ReBid)				
					A/A/ADD/10/2010/07	of interest	
	Name of Interested Party		City, State, Country (place of	busines		pplicable)	
					Controlling	Intermediary	
laldonado	o, Samuel D.		Edinburg , TX United States	S	X		
Maldonado , Saul D. Edinburg , TX United States		S	X				
						5	
6 Check o	only if there is NO Interested Party.						
UNSWO	RN DECLARATION						
My name	e is		, and my da	ate of bir	rth is	·	
My addre	ess is			_,			
	(street)		(city)	(state	e) (zip code)	(country)	
I declare	e under penalty of perjury that the foregoing is true	ie and correct					
Execute	d in	County	, State of, o	on the			
					(month)		
			Signature of authorized agent		acting business entity	r	
				/	Marging	V/1 1 10165-	
orms prov	vided by Texas Ethics Commission	www.eth	ics.state.tx.us		version	V1.1.191b5c	

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2022-839034			
	Boys & Girls Club of McAllen, Inc.		2022-003004		
	McAllen, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	01/11/2022		
	being filed.				
	City of McAllen	-1	Date Acknowledged:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid	ity or state agency to track or identify ded under the contract.	the contract, and prov	vide a	
	B-21-MC-48-0506				
	Direct Services				
4			Nature of		
	Name of Interested Party	City, State, Country (place of busin	ess) (check ap	plicable)	
			Controlling	Intermediary	
	an a				
-					
		,	WWW.W.L.		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
-	My name is dalinda appeals - alcante	M, and my date of I	birth is September	23,1980	
	My name is <u>dalinda angalz - alcantc</u> My address is <u>1502 Howk Cirili</u> (street)	Meglun 1	y 18504	<u>USA</u> .	
	(Succi)	(Gry). (Sp	ate) (Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t			
	Executed in Hidaly	, State of Texas, on the	//_day of (month)	_, 20_ 22 . (year)	
	•		(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)				

FORM 1295

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	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		tificate Number:		
	Boys & Girls Club of McAllen, Inc.		202	2-839034		
	McAllen, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		L1/2022		
[being filed.					
	City of McAllen			Date Acknowledged:		
			01/2	21/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		ify the c	contract, and prov	vide a	
	B-21-MC-48-0506					
	Direct Services					
				1		
4	Name of Interaction Dents			Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
-						
5	Check only if there is NO Interested Party.					
6						
	My name is	, and my date	of birth i	is	·	
	My address is		·	,	,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	v, State of, on the	e			
				(month)	(year)	
		Signature of authorized agent of c	ontractir	ng business entity	—	
		(Declarant)				

L					1 of 1
-	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business. Electro-Hi, LLC	try of the business entity's place		ficate Number: -831882	
	Los Fresnos, TX United States		Date I		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is		2/2021	
	City of McAllen			Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-21-C04-702 2021 Pipe Bursting Project (CDBG Funded)				
4					finterest
ľ	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap Controlling	plicable)
	NA			3	·
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION			, ,	
	My name is CECILIO CAVAZOS	, and my date of b	irth is _	10/28/	1959
	My name is <u>CECILIO</u> CAVAZOS My address is <u>33168</u> WIPPLE ROADA (street)	- (city) (sta	<u>}.</u> (te)	78566 (zip code)	, <u>USA</u> . (country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in $(A H B M M)$ County, State of $7 \times$, on the $12 \text{ day of } 12$, $20 \frac{21}{(\text{month})}$.				
	CC.	ulu lavan			
		Signature of authorized agent of contr (Declarant)	acting	business entity	

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

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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.					ONLY OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2021-831882		
	Electro-Hi, LLC			2021-031002	N (4)	
	Los Fresnos, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the	he contract for which t	he form is	12/12/2021		
	being filed.					
	City of McAllen			Date Acknowle	edged:	
				01/24/2022		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			the contract, a	nd prov	ide a
	11-21-C04-702					
	2021 Pipe Bursting Project (CDBG Funded)					
-		1		Ni	ature of	interest
4	Name of Interested Party	City, State, Country	(place of busine			plicable)
			(place of basilie	Control		Intermediary
						,
-		, 	•			
_						
			2808-011-01-01-01-01-01-01-01-01-01-01-01-01			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	1	and my date of bi	irth is		
	My address is					
	(street)	(city)	(stal	te) (zip coo	de)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				
	Executed inCounty	/ State of	on the	day of		, 20
	OUN)				month)	(year)
		Signature of authoriz	ed agent of contra (Declarant)	acting business	entity	
or	ns provided by Texas Ethics Commission www.eth	nics.state.tx.us		Ve	rsion V	1.1.191b5cdc

FORM 1295

				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE U	
1	Name of business entity filing form, and the city, state and count	try of the business entity's place	Certificate Number	r:
	of business. Rip Grande Valley Literacy Center		2021-797945	
	White, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	09/01/2021	
	Pharr Literacy Center Inc, dba rio Grande Valley Literacy Cen	ter	Date Acknowledge	:d:
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the contract, and p	rovide a
	205646983			
	Educational services to include GED.ESL. Computer. and Nat	turalization Classes		
4	Name of Interacted Darty	City State Country (place of husing		of interest
	Name of Interested Party	City, State, Country (place of busine	Controlling	applicable) Intermediary

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		-		
				.1
5	Check only if there is NO Interested Party.			
6			F	1
	Myname is <u>Diana G. Fatias</u>	, and my date of b	pirth is	4-1950
	My address is 13115 Dog wo (street)	og Pharry, Tr (city), (sta	×_, <u>78577</u> ate) (zip code)	<u>Hidalgo</u>
	I declare under penalty of perjury that the foregoing is true and correct			
	Executed in Hidalg o County,	, State of \underline{TeXas} , on the	day of <u>Sep</u>	1, 20 <u>21</u> .
		Signature of authorized agent of contr (Declarant)		у
_		·,		

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and co of business.	ountry of the business entity's p	lace Cer	rtificate Number: 21-797945	
	Rip Grande Valley Literacy Center		202	1-797945	
2	White, TX United States			e Filed: 01/2021	
ľ	being filed.		is 09/	01/2021	
	Pharr Literacy Center Inc, dba rio Grande Valley Literacy C	Center		e Acknowledged: 28/2022	1
3	Provide the identification number used by the governmental e description of the services, goods, or other property to be pro-	entity or state agency to track or ovided under the contract.	identify the	contract, and pro	vide a
	205646983 Educational services to include GED.ESL. Computer. and	Naturalization Classes			
4	Nome of Interacted Darks				f interest
	Name of Interested Party	City, State, Country (place	of business)	(check ap Controlling	pplicable) Intermediary
				Controlling	Internetiary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birth is	S	
	My address is				
	(street)	(city)	, (state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inCour	nty, State of,	on the	day of	. 20 .
				(month)	(year)
		Circulture of authorized			
		Signature of authorized agen (Declarar		g business entity	
or	ns provided by Texas Ethics Commission www.e	ethics.state.tx.us		Version V	V1.1.191b5cdc

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Complete Nos. 1 - 4 and 6 if there are in Complete Nos. 1, 2, 3, 5, and 6 if there a	nterested parties. are no interested parties.		OFFICE US	-
or busilless.	and the city, state and country of the business entity's place	Certifi	cate Number 839223	
Easterseals Rio Grande Valley McAllen, TX United States				
	agency that is a party to the contract for which the form is	Date F 01/11/		
City of McAllen		Date A	cknowledged	i:
3 Provide the identification number used description of the services, goods, or B-21-MC-48-0506 Therapy services for CDBG funding	d by the governmental entity or state agency to track or identi other property to be provided under the contract.	ify the con	ntract, and pro	ovide a
4 Name of Interacted D			Nature	ofinterest
Name of Interested P	Party City, State, Country (place of busi			pplicable)
			Controlling	Intermedi
			и,	
				-
Check only if there is NO Interested Part	y. X		1	
UNSWORN DECLARATION				
My name is PATRICIA RESERVE	, and my date of	birth is	3-13-59	
My address is 3405 Los Trafi) (city) (sta	λ 7	18571	HIS A
(street)) (cily) (sta	ale)	(zip code)	(country)
I declare under penalty of perjury that the fo	regoing is true and correct.			
Executed in <u>Hard algo</u>	County, State of, on the	<u>/i</u> day.o	f <u>Jan</u> (month)	_, 20 <u>2</u>
	Barrow		(noint)	(year)
	Signature of authorized agent of contra	racting bus	- iness entity	
ns provided by Texas Ethics Commissio	ON WWW.ethics.state.tx.us			1.1.191b5c

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Γ	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	
1	Name of business entity filing form, and the city, state and co	ountry of the business entity's place	-	tificate Number:	
	of business. Easterseals Rio Grande Valley		202	2-839223	
	McAllen, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to	o the contract for which the form is	01/1	11/2022	
	being filed. City of McAllen		Date	e Acknowledged:	
	City of McAllen)1/2022	1
3	Provide the identification number used by the governmental e	entity or state agency to track or identify	v the c	contract, and pro	vide a
ľ	description of the services, goods, or other property to be pro	ovided under the contract.	,	·····	
	B-21-MC-48-0506				
	Therapy services for CDBG funding				
4				Nature o	f interest
	Name of Interested Party	City, State, Country (place of busin	iess)		pplicable)
⊢				Controlling	Intermediary
\vdash					
\vdash					
L					
				a.	
				<u> </u>	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	and my data of	hinth in		
		, and my date of	DITUTIS	;	<u> </u>
	My address is				
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corr	rect			
	r declare under penalty of perjury that the foregoing is the and con	eci.			
	Executed inCou	inty, State of, on the _	c		
				(month)	(year)
		Signature of authorized agent of cont (Declarant)	tracting	g business entity	
For	ns provided by Texas Ethics Commission www.e	ethics.state.tx.us		Version V	V1.1.191b5cd

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business. Access Esperanza Clinics Inc. McAllen, TX United States Name of governmental entity or state agency that is a party to the being filed. City of McAllen		2022 Date 01/1	ficate Number: 2-839357 Filed: 2/2022 Acknowledged:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi B-21-MC-48-0506 Health Care Services	ity or state agency to track or identify ded under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busine	ess)	Nature o (check ar Controlling	f interest oplicable) Intermediary
A	ccess Esperanza Clinics Inc.	McAllen , TX United States		X	
,					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is <u>YATTICIO</u> C. GUNTALES	, and my date of b	oirth is	04/19/1	952
	My name is <u>Patricia</u> <u>C. Gouzáles</u> My address is <u>916 E. Hackbeviny St. 1</u> (street)	<u>A., McAllen</u> , <u>Tr</u> (city) (sta	, ite)	78501 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in <u><i>Hidalgo</i></u> County	, State of Tex As , on the J	12th	ay of <u>Janua</u> (month)	y, 20 <u>22</u> . (year)
		Fature C Amzal	es).	• 4 . • •	
		Signature of authorized agent of contr (Declarant)	acting	business entity	

				1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			USE ONLY TION OF FILING
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ıber:
	Access Esperanza Clinics Inc.		2022-839357	
	McAllen, TX United States		Date Filed:	
2	Name of governmental entity or state agency that is a party to t being filed.	the contract for which the form is	01/12/2022	
	City of McAllen		Date Acknowle	daed:
			02/01/2022	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	itity or state agency to track or identify rided under the contract.	y the contract, an	d provide a
	B-21-MC-48-0506			
	Health Care Services			
4			Nat	ture of interest
[7	Name of Interested Party	City, State, Country (place of busin	iess) (che	eck applicable)
			Controll	ing Intermediary
A	ccess Esperanza Clinics Inc.	McAllen , TX United States	×	
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name is	, and my date of I	birth is	
	My address is			
	(street)		ate) (zip code	e) (country)
	I declare under penalty of perjury that the foregoing is true and correc	ct.		
	Executed inCount	y, State of . on the	dav of	. 20
		· · · · · · · · · · · · · · · · · · ·		onth) (year)
		Signature of authorized agent of cont (Declarant)	racting business e	ntity

1	of	1
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					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USI	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-843290	
	Chidren's Advocacy Center of Hidalgo County		2022	-843290	
-	Edinburg, TX United States			Filed: 5/2022	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/25	512022	
	City of McAllen Community Development Department		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ontract, and pro	vide a
	2021 -2022				
	Services to abused and neglected children				
4				Nature o	f interest
1	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
\vdash				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Jesus A. Sanchez	, and my date of b	oirth is _	04/08/1975	
	_{My address is} 525 W. Wisconsin Rd.	_, Edinburg, TX	. 7	78539	USA
	(street)	(city) (sta		(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 2	5th _{da}	ay of January (month)	∕_, ₂₀ <u>22</u> . (year)
		<i>C</i> 1.1.2			
		Signature of authorized agent of contr (pectarant)	acting	business entity	
		· · ·			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	ry of the business entity's place		fi cate Number: -843290		
	Chidren's Advocacy Center of Hidalgo County Edinburg, TX United States		Data	Filed		
2		e contract for which the form is		Date Filed: 01/25/2022		
	being filed. City of McAllen Community Development Department		Date	Acknowledged:		
	City of McAllen Community Development Department			/2022		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ntract, and prov	vide a	
	2021 -2022					
	Services to abused and neglected children					
4	Name of Interested Party	City, State, Country (place of busin	(229	Nature of (check ap		
		ony, orace, country (place of busin		Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of t	oirth is _			
	My address is					
	(street)		ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty,	, State of, on the _	da	ay of	, 20	
				(month)	(year)	
		Circulture of a diamate and a second				
		Signature of authorized agent of cont (Declarant)	racting	business entity		
Foi	ms provided by Texas Ethics Commission www.ethi	cs.state.tx.us		Version V	/1.1.191b5cdd	

CERTIFICATE OF INTERESTED PAP	RTIES	FOR	м 1295 1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE CERTIFICATION	
 Name of business entity filing form, and the city, state and cou of business. Climatec, LLC 	ntry of the business entity's place	Certificate Number: 2022-836461	
San Antonio, TX United States 2 Name of governmental entity or state agency that is a party to	the contract for which the form is	Date Filed: 01/04/2022	
being filed. City of McAllen		Date Acknowledged:	
Provide the identification number used by the governmental er description of the services, goods, or other property to be prov 10-21-P06-01 BUILDING AUTOMATED SYSTEM FOR VARIOUS CITY F	ided under the contract.		
4 Name of Interested Party	City, State, Country (place of busing	ess) (check ap	
		Controlling	Intermediary
			١
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is Dru Dunham	, and my date of t	birth is 10/24/1979	[*]
My address is 7701 W Little York #100	Houston	······································	USA .
(street)	(city) (sta	ite) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and corre			
Executed in Harris Cour	ty, State of, on the	4th_day ofJanuary (month)	, 20 <u>22</u> . (year)
Notary Public, State of Texas Comm. Expires 12-04-2025	Signature of authorized agent of contr	racting business entity	
Notary ID 12964261-7	(Declarant)		/1.1.191b5cdc

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and co	ountry of the business entity's place	Cert	tificate Number:		
	of business.		202	2-836461		
	Climatec, LLC San Antonio, TX United States		Data	- Filed		
2	Name of governmental entity or state agency that is a party to			e Filed: 04/2022		
2	being filed.	o the contract for which the form is	01/0	1412022		
	City of McAllen			e Acknowledged:		
		02/01/2022				
3	Provide the identification number used by the governmental description of the services, goods, or other property to be preservices and the services of the ser	entity or state agency to track or identify ovided under the contract.	/ the c	ontract, and pro	vide a	
	10-21-P06-01 BUILDING AUTOMATED SYSTEM FOR VARIOUS CITY	FACILITIES				
4					finterest	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
				Controlling	Intermediary	
			1			
	,					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of I	birth is	i	··	
	My address is (street)	''''''''''	''	(zip code)	(country)	
	(50.661)	(city) (St	ale)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and cor	rect.				
	Executed inCou	unty, State of, on the _	d			
				(month)	(year)	
		Signature of authorized agent of cont	racting	thusiness optitu		
		Signature of authorized agent of cont (Declarant)	racung	j business entity		
or	ns provided by Texas Ethics Commission www.	ethics.state.tx.us		Version V	V1.1.191b5cdc	

_				2	1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business. Food Bank of the Rio Grande Valley, Inc. Pharr, TX United States	try of the business entity's place	Certif 2022	ficate Number: 2-844865 Filed:	
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	e contract for which the form is	01/28	8/2022 Acknowledged:	:
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid B-21-MC-48-0506 Free food assistance for up to 250 Senior residents living in P for 11 months.	ded under the contract.		l for 131,579 pc	ounds of food
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	of interest pplicable)
				Controlling	Intermediary
		· 			
		·			
		8			
			-		
_					
5	Check only if there is NO Interested Party.				
	UNSWORN DECLARATION				
)	My name is Libby Ann Saenz	, and my date of b	virth is	8/21/1969	<u> </u>
l	My address is 30267 N. Expressway 281 (street)	, Edinburg TX (city) (sta	·	78542 (zip code)	_' USA (country)
	I declare under penalty of perjury that the foregoing is true and correct.	t.			-
	Executed in Hidalgo County,	, State of <u>Texas</u> , on the	<u>28</u> _d;	ay of Jan. (month)	, 20 <u>20</u> .
		Henz-			(year)
		(Signature of authorized agent of contr (Declarant)	acting	business entity	

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		the second	JSE ONLY ON OF FILING		
1	of business.			Certificate Number: 2022-844865		
	Food Bank of the Rio Grande Valley, Inc.					
2	Pharr, TX United States Name of governmental entity or state agency that is a party to th	e contract for which the form is	Date Filed: 01/28/2022			
	being filed.					
	City of McAllen		Date Acknowledg 02/01/2022	ea:		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the contract, and	provide a		
	B-21-MC-48-0506					
	Free food assistance for up to 250 Senior residents living in P for 11 months.	ublic Housing at a rate of \$.19 per p	pound for 131,579	pounds of food		
4	Name of Interested Destr			e of interest		
	Name of Interested Party	City, State, Country (place of busine	ess) (check Controlling	k applicable) g Intermediary		
				<u>, incrinedialy</u>		
Γ						
F						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of b	pirth is			
	My address is					
	(street)	' (city) (sta	ate) (zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	State of, on the				
			(mon	th) (year)		
		Signature of authorized agent of contr (Declarant)	racting business enti	ity		
For	ns provided by Texas Ethics Commission www.ethi	cs.state.tx.us	Versio	on V1.1.191b5cdc		

	CERTIFICATE OF INTERESTED PAR	TIES			FO	RM 1295
						1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE US	E ONLY N OF FILING
1	Name of business entity filing form, and the city, state and coun of business. Meeder Public Funds, Inc dba Patterson & Associates Dublin, OH United States	try of the business e	ntity's place	Sector Contractor Contractor	ate Number: 348123 Ied:	
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	02/08/2 Date A	2022 cknowledged	:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 05-21-S15-69 PROJECT NO. 05-21-S15-69 RFP INVESTMENT ADVISOR	ded under the contra) track or identify ct.	the con	tract, and pro	ovide a
4						of interest
[*	Name of Interested Party	City, State, Country	y (place of busine	· –		pplicable)
⊢					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jason Headings		, and my date of b	irth is $\underline{7}$	/27/1982	·
	My address is 6125 Memorial Drive (street)	, Dublin (city)	, <u>OF</u> (sta	1, <u>4;</u>	3017 (zip code)	, USA (country)
	I declare under penalty of perjury that the foregoing is true and correc	t.				
		y, State of Ohio	, on the _	3th_ _{day}	of Februa	ary _{, 20} 22 _(year) .
		Signature of author	m beadings	racting b	usiness entity	
En	ms provided by Texas Ethics Commission www.eth	nics.state.tx.us	(Declarant)		Version	V1.1.191b5cdc

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-848123		
	Meeder Public Funds, Inc dba Patterson & Associates		2022	2-040123		
	Dublin, OH United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	02/0	8/2022		
	being filed. City of McAllen		Date	Acknowledged:		
	City of MicAlien			8/2022		
3	Provide the identification number used by the governmental ent	ity or state agency to track or identify	v the c	ontract, and prov	/ide a	
5	description of the services, goods, or other property to be provi					
	05-21-S15-69					
	PROJECT NO. 05-21-S15-69 RFP INVESTMENT ADVISOR	Y SERVICES				
		1		Nature of	interest	
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap	plicable)	
				Controlling	Intermediary	
			3			
-						
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)	'''''' (st	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc					
	Executed inCount	y, State of, on the	d			
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	business entity		
For	ms provided by Texas Ethics Commission www.eth	nics.state.tx.us		Version V	/1.1.191b5cdc	

CERTIFICATE OF INTEREST	ED PARTIES		FO	RM 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested partie Complete Nos. 1, 2, 3, 5, and 6 if there are no interested	S.		OFFICE US	
1 Name of business entity filing form, and the city, st	2 11 10-10-1	c	ERTIFICATIO	
or business.	are and country of the business entity		rtificate Number: 22-847319	
simplyofs LLC Mission, TX United States				
2 Name of governmental entity or state agency that is	a party to the contract for which the f	Da Orm is 02	te Filed: /05/2022	
being filed. Library McAllen , TX				
		Dat	te Acknowledged	
3 Provide the identification number used by the gover description of the services, goods, or other property 12-21-S08-164 Janitorial Cleaning Service	nmental entity or state agency to track to be provided under the contract.	k or identify the	contract, and pro	vide a
4 Name of Interested Party				finterest
nume of merested party	City, State, Country (plac	ce of business)	(check ap Controlling	plicable) Intermediary
			Controlling	Internetiary
		· · · · · · · · · · · · · · · · · · ·		
Check only if there is NO Interested Party.	×			
UNSWORN DECLARATION				
My name is SANDIZA STUDER	, and m	ny date of birth is	07-29-	-2022.
My address is <u>808 S. SHAQ 2i)</u> (street)	, and m <u> 1339</u> , <u>MISSION</u> (city)	(, <u></u> ,,, _,	78J72 (zip code)	HD/KhO (country)
I declare under penalty of perjury that the foregoing is true	and correct.			
Executed in 1410ACGO	County, State of7X	_, on the <u>9</u> d	ay of FebHla	1, 20 <u>22</u> .
	5. Audi		(៣០៧៧) 🗸	(year)
	Signature of authorized age (Declar	ent of contracting	business entity	
rms provided by Texas Ethics Commission	www.ethics.state.tx.us		Version V	.1.191b5cdc

					1 of 1	
Γ	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US		
1	Name of business entity filing form, and the city, state and cour of business.		Certificate Number: 2022-847320			
	simplyofs LLC			2022-047320		
	Mission, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to t being filed.	ne contract for which the	e form is	02/05/2022		
	Library McAllen, TX			Date Acknowledged: 02/10/2022		
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	ity or state agency to tra ded under the contract.	ack or identify t	he contract, and pro	ovide a	
	12-21-508-164					
	Janitorial Cleaning Service					
4	Name of Interested Party	City, State, Country (p	laco of husing		of interest pplicable)	
		city, state, country (p	nace of busines	Controlling	Intermediary	
Si	mplyofs LLC	Mission, TX United	States	X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		1- 12 -10.00			
	My name is	, an	id my date of bir	th is	·	
	My address is			<u>_</u> 1	··	
	(street)	(city)	(state	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	L.				
	Executed inCounty	, State of	, on the	day of(month)	, 20 (year)	
		Signature of authorized (De	agent of contracectarant)	cting business entity		

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE 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: 2022-851239		
	ExerPlay, Inc.		2022-	001200		
	Cedar Crest, NM United States		Date F	-iled:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/16	/2022		
	being filed.					
	City of McAllen		Date A	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the co	ntract, and prov	vide a	
	02-22-P31-01					
	Playground equipment and safety surfacing, includes installati	ion				
L						
4	Name of Internets of Durity			Nature of		
	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 Michelle McKean	, and my date of b	oirth is _	07/14/1964		
	My address is <u>1101 Anderson St.</u> (street)	, <u>Hearne</u> , <u>TX</u> (city) (sta	· · · · ·	77859 (zip code)	USA	
		(50) (50	,	(210 0006)	(ocanay)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in <u>Robinson</u> County,	State of \underline{TX} , on the $\underline{1}$	6th da	y of Februar	y,2022 .	
				(month)	(year)	
		muchelle make				
		Signature of authorized agent of contr (Declarant)	acting t	ousiness entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	of business.			Certificate Number: 2022-851239		
	ExerPlay, Inc.					
2	Cedar Crest, NM United States Name of governmental entity or state agency that is a party to	the contract for which the form is	The Percentile	e Filed: 16/2022		
ľ	being filed.	the contract for which the form is	02/1	.0/2022		
	City of McAllen			Acknowledged: .6/2022		
3	Provide the identification number used by the governmental er description of the services, goods, or other property to be prov	ntity or state agency to track or identify vided under the contract.	/ the c	ontract, and pro	vide a	
	02-22-P31-01					
	Playground equipment and safety surfacing, includes install	ation				
4				Nature o	f interest	
1	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
\vdash				Controlling	Intermediary	
L						
L						
F						
\vdash						
				I		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	oirth is	I		
	My address is (street)	''''' (st	' _ ate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and corre	ect.				
	Executed inCoun	ty, State of, on the _	d	day of(month)	_, 20 (year)	
		Signature of authorized agent of cont (Declarant)	racting	J business entity		
For	ns provided by Texas Ethics Commission www.et	hics.state.tx.us		Version \	√1.1.191b5cdc	

FORM 1295

L					1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION			
1	 Name of business entity filing form, and the city, state and count of business. Musco Sports Lighting, LLC Oskaloosa, IA United States 	try of the business entity's place	2022	ificate Number: 2-851069 • Filed:			
2	Name of governmental entity or state agency that is a party to th being filed. City of McAllen, TX	e contract for which the form is		02/15/2022 Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid PROJECT NO. 02-22-P29-01 PURCHASE & INSTALLATION OF LIGHTING AT LAS PALM	ided under the contract.	/ the c	ontract, and pro	vide a		
4	Name of Interested Party	City, State, Country (place of busin	iess)	a new planet and	f interest pplicable) Intermediary		
M	Ausco Corporation	Oskaloosa, IA United States		x			
		·					
┢							
╞			A damping and a second s				
┝							
\vdash				I	-		
5	Check only if there is NO Interested Party.			1.7 (1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.			
6	UNSWORN DECLARATION						
	My name is James M. Hansen	, and my date of	birth is	, 12/9/58	<u> </u>		
	My address is <u>100 1st Avenue West</u>	<u>Oskaloosa</u> , <u>IA</u>	tate)	52577 (zip code)	USA (country)		
	(street)		lac	(zip code)	(county)		
	I declare under penalty of perjury that the foregoing is true and correc		15	Februa	nu 99		
	Executed in MahaskaCounty	Annu		day of Februar (month)	(year)		
	V	Signature of authorized agent of con (Declarant)	tracting	g business entity			

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

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	s. d parties.				OFFICE US	
 Name of business entity filing form, and the city, sta of business. 	ate and coun	try of the business entity's p	lace	Certif	ficate Number:	
Musco Sports Lighting, LLC				2022	-851069	
Oskaloosa, IA United States	_			Date I		
2 Name of governmental entity or state agency that is being filed.	a party to th	e contract for which the form	1 is	02/15	5/2022	
City of McAllen, TX				Date Acknowledged: 02/18/2022		
3 Provide the identification number used by the gover description of the services, goods, or other property	nmental enti	ty or state agency to track or ded under the contract	identify	the co	ontract, and pro	vide a
PROJECT NO. 02-22-P29-01						
PURCHASE & INSTALLATION OF LIGHTING AT	LAS PALN	IAS PARK				
4 Name of Interested Party		City State Country (class				finterest
Name of interested Party		City, State, Country (place of business)			(check applicable) Controlling Intermedia	
Musco Corporation		Oskaloosa, IA United Sta	ites	-+	X	intermediary
				\rightarrow	~	
				+		
				+		
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is		, and my	date of bir	rth is		
My address is(street)		'(city)	'	, e)	,	
I declare under penalty of perjury that the foregoing is true			(Sidie	3)	(Zip code)	(country)
Executed in	County,	State of,	on the	da		
					(month)	(year)
		Cignoturo of outboated		-41 -		
		Signature of authorized agent (Declaran		cting b	ousiness entity	
orms provided by Texas Ethics Commission	www.ethi	cs.state.tx.us			Version V	/1.1.191b5cdc

FORM 1295

							1 0f 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:				
-	of business.			y 5 place		851827		
	Catholic Charities of the Rio Grande Valley, Inc							
	San Juan, TX United States				Date Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	he contract f	or which the	form is	02/17/2022			
	City of McAllen				Date Acknowledged:			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi			ick or identity	the co	ntract, and pro	vide a	
	B-21-MC-48-0506							
	HOMELESS SERVICES							
_						Nature o	f interest	
4	Name of Interested Party	City, State	e, Country (p	lace of busine	ess)) (check applicable)		
						Controlling	Intermediary	
_								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Sister Norma Pimentel		, a	nd my date of I	birth is	07/01/195	3	
	My address is 700 N. Oblate Dr.	San	Juan	T		78589	US	
	My address is	, <u> </u>	(city)	,	` , _ ate)	(zip code)	_, <u> </u>	
			. •			·		
	I declare under penalty of perjury that the foregoing is true and corre		-		47	- .		
	Executed in Hidalgo Coun	ty, State of _	Texas	, on the _	<u>1/</u> da	ay of Februa (month)	<u>ry</u> , ₂₀ _22 _(year)	
			~	D		<i>F</i> []	() /	
			<u>/ </u>	17 cm	en	w	Mang	
		Signature		d agent of cont Declarant)	racting	business entity		

FORM 1295

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete 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.	Certificate Number: 2022-851827					
	Catholic Charities of the Rio Grande Valley, Inc						
	San Juan, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		7/2022			
-	being filed.						
	City of McAllen			Acknowledged: 1/2022			
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.						
	B-21-MC-48-0506						
	HOMELESS SERVICES						
				Nature o	finterest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
		,, (place of bas		Controlling	Intermediary		
					, , , , , , , , , , , , , , , , , , ,		
⊢							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	and my date of	of birth i	5			
		, and my date (·		
	My address is						
	(street)		(state)	(zip code)	., (country)		
	· · /	· · ·	,	,	,		
	I declare under penalty of perjury that the foregoing is true and correc	:t.					
	Executed inCounty	y, State of, on the	э	day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co	ontractin	g business entity			
	(Declarant)						
-							

					1 of 1			
	Complete Nos. 1 - 4 and 6 if there are interested parties.	tion		OFFICE US	and the second second second second			
-	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par			CERTIFICATION OF FILIN				
L	Name of business entity filing form, and the city, state an of business.	nd country of the business entity's place	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tificate Number: 2-852858				
	Turf Alliance LLC	Iliance LLC						
	Bonnieville, KY United States			e Filed:				
2	Name of governmental entity or state agency that is a pa being filed.	arty to the contract for which the form is	02/2	21/2022				
	City of McAllen		Date	Date Acknowledged:				
3	Provide the identification number used by the governme description of the services, goods, or other property to b		ntify the o	contract, and pro	ovide a			
	02-22-C22-01							
	Recreational Soccer Field			-				
				Nature	of interest			
	Name of Interested Party	City, State, Country (place of b	usiness)		pplicable)			
				Controlling	Intermedia			
	Check only if there is NO Interested Party.							
-	UNSWORN DECLARATION		a an ann an a	e a state de la segle e a constante.				
	My name is Ralph Buerger	, and my dat	e of birth i	08/10/1965	5			
	My address is 32 Deerpark Crescent	Fonthill	ON	LOS1E1	Canada			
	(street)	(city)	(state)	(zip code)	(country)			
	I dealers under parely of parises that the formation is a	nd patrant						
	I declare under penalty of perjury that the foregoing is true at	Devices of Ostaria	~	Fabra				
	Executed in Regional Niagara	County, State of, on	the 21	day of Februa	iry _{, 20} 22			
		(pp		(month	(year)			
		Signature of authorized agent of (Declarant)	contractir	ng business entity				
0	ms provided by Texas Ethics Commission	www.ethics.state.tx.us		Version	V1.1.191b5			

FORM 1295

						101	
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFF	FICE USE	ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-852858			
Í	Turf Alliance LLC						
L	Bonnieville, KY United States			Date 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	02/21/202	22		
	City of McAllen			Date Ackn	owledged:		
	-			02/22/202	22		
3		ion number used by the governmental entity or state agency to track or identify the contract, and provide a rices, goods, or other property to be provided under the contract.					
	02-22-C22-01						
Í	Recreational Soccer Field						
-					Nature of	interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess)	(check app	olicable)	
				Co	ntrolling	Intermediary	
⊢							
⊢							
⊢							
5	Check only if there is NO Interested Party.						
6							
6	UNSWORN DECLARATION						
	My name is		and my date of t	oirth is		·	
	My address is			,	,	·	
	(street)	(city)	(sta	ate) (z	zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed inCount	y, State of	. on the	dav of	Ŧ	. 20 .	
		,, = .	, en ano _		(month)	_, 20 (year)	
		Signature of author		racting busi	iness entity		
			(Declarant)		-		

I

				FOR		
					1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING		
 Name of business entity filing form, and the city, state and country of the business entity's place of business. 				Certificate Number: 2021-797290		
	EMOST PAVING, INC.		Date	Filed:		
the second second	WESLACO, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is			1/2021		
being filed.			Date	Acknowledged:		
CITY OF MCALLEN				Additionicugoui		
descri	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 09-21-C28-399					
	LEN YOUTH BASEBALL COMPLEX PARKING LOT	IMPROVEMENTS				
		1		Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
				Controlling	Intermediary	
PEBLEY	, TREY	WESLACO, TX United States		Х		
FORSHA	AGE III, E.E.	WESLACO, TX United States		x		
FORSHA	AGE, JOSEPH E.	WESLACO, TX United States		x		
		1			******	
5 Check	only if there is NO Interested Party.					
6 UNSW	ORN DECLARATION	•				
My nan	neis Try Pebles	, and my date of	f bir th is	July 13,	1972	
My add	Iress is 22630 N, FM 44 (street)	city)	state)	78543 (zip code)	(country)	
I decla	re under penalty of perjury that the foregoing is true and corr		1			
Execut	ed in Hipalgo Cou	nty, State of 10x000, on the	300	day of <u>Scor</u> (month)	, 20_ 21 (year)	
		1/2/	and the second s	*		
		Signature of authorized agent of col (Declarant)	ntracting			
Forms pro	ovided by Texas Ethics Commission www.e	ethics.state.tx.us		Version	V1.1.191b5cdc	

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	-	CE	OFFICE USI		
1	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2021-797290		
	FOREMOST PAVING, INC.	2021-797290				
2	WESLACO, TX United States			Filed: 1/2021		
ľ	being filed.	he contract for which the form is	00/3.	1/2021		
	CITY OF McALLEN		Date Acknowledged: 02/25/2022			
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	tity or state agency to track or identify	the co	ontract, and pro	vide a	
	09-21-C28-399	ided under the contract.				
	MCALLEN YOUTH BASEBALL COMPLEX PARKING LOT IN	MPROVEMENTS				
-				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
-			[Controlling	Intermediary	
PE	EBLEY, TREY	WESLACO, TX United States		х		
FC	DRSHAGE III, E.E.	WESLACO, TX United States		х		
FC	DRSHAGE, JOSEPH E.	WESLACO, TX United States		х		
			\rightarrow			
5	Check only if there is NO Interested Party.					
6						
	SNOWORN DEGEARATION					
l	My name is	, and my date of b	irth is _		·	
ī	My address is					
	(street)	,,, _,	te)	(zip code)	(country)	
J	declare under penalty of perjury that the foregoing is true and correct	L.				
1	Executed inCounty	, State of, on the	da	ay of	, 20 .	
				(month)	(year)	
		Signature of authorized agent of		huginger		
		Signature of authorized agent of contra (Declarant)	acting t	ousiness entity		
orn	ns provided by Texas Ethics Commission www.ethi	ics.state.tx.us		Version V	1.1.191b5cdc	

FORM 1295

L					1 of 1
Γ	Complete Nos. 1 - 4 and 6 if there are interested parties.			CE USE	A CONSTRUCTION OF A CONSTRUCTURA A CONS
L	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OF FILING
1	Name of business entity filing form, and the city, state and country of the busine of business.	ess entity's place	Certificate N 2022-85463		
	Rio United Builders		2022-00400		
L	Alton , TX United States		Date Filed: 02/25/2022		
2	Name of governmental entity or state agency that is a party to the contract for w being filed.	hich the form is	0212512022		
	City of McAllen		Date Acknow	wledged:	
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	the contract	, and prov	ride a
	02-22-C15-434	muaci.			
	Heritage Center Ext Painting				
4				Nature of	
	Name of Interested Party City, State, Co	ountry (place of busine		(check ap	Intermediary
F					
L					
			1		
F					p.
\vdash					
-					
Γ					
\vdash					
┝					
1					
Γ					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Agoberto Perez Ji	, and my date of b	oirth is 10	29 85	
	My address is 219 n. Missouni ST. Ato	the the	c. 785	13	USA
	(street)	(city) (sta	ate) (zip	code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed inCounty, State of	exas, on the	25_day of _	(month)	, 20 22 . (year)
		zPIT.			
	Signature of a	uthorized agent of contr (Deciarant)	racting busine	ess entity	

Version V1.1.191b5cdc

www.ethics.state.tx.us

	CERTIFICATE OF INTERESTED PART	IES			FORM	ı 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.				FICE USE	ONLY OF FILING
1	Name of business entity filing form, and the city, state and countr of business. Rio United Builders Alton , TX United States	y of the business entity's		Certificat 2022-854 Date Fileo		
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen	e contract for which the fo	11113	02/25/20 Date Ack 02/28/20	nowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide 02-22-C15-434 Heritage Center Ext Painting	y or state agency to track ed under the contract.	or identify t	he contra	act, and prov	ide a
4					Nature of	interest
4	Name of Interested Party	City, State, Country (plac	ce of busines	·	(check ap	
				Co	ontrolling	Intermediary
5	Check only if there is NO Interested Party.				I	
6	UNSWORN DECLARATION					
	My name is	, and	my date of bi	irth is		·
	My address is	,		,,		
	(street)	(city)	(stat	te)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	, State of	, on the	_day o	of	, 20
					(month)	(year)
		Signature of authorized a (Dec	gent of contra larant)	acting bus		(1.1.101bFodd

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					
 Name of business entity filing form, and the city, state and country of the business entity's place of business. Halff Associates, Inc. McAllen, TX United States 		Certificate Number: 2022-853669 Date Filed:				
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of McAllen			Date Acknowledged: 02/23/2022			
 Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov 03-19-S46-502 Professional Engineering Services for Design of Storm Drain 	vided under the contract.		egon (militin	vvide a		
4 Name of Interested Party	City, State, Country (place of busin	ess)		f interest pplicable) Intermediary		
Baker, Jessica	Richardson, TX United States		X			
Bertram, Shawn	Austin, 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			
Killen, Russell	Richardson, TX United States		Х			
Llewellyn, Sr, Mark	Tallahassee, FL United States		Х			
Miller, Steve	Austin, TX United States		Х			
Moya, Michael	Austin, TX United States		Х			
Murray, Menton	McAllen, TX United States		Х			
Pylant, Ben	Fort Worth, TX United States		Х			
Sagel, Joseph	Richardson, TX United States		Х			
Tanksley, Dan	Richardson, TX United States		Х			
Zapalac, Russell	Austin, TX United States		Х			
	Provide Provid		n ma " whi	a an traiteacht		
	n příchy přicht			n fa na gríoch		
	1949B					

Forms provided by Texas Ethics Commission

	CERTIFICATE OF INTERESTED PAR	TIES	1710	FOR	м 1295 2 of 2	
F						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION		
1	Name of business entity filing form, and the city, state and coun of business. Halff Associates, Inc. McAllen, TX United States	try of the business entity's place	Certi 2022	Certificate Number: 2022-853669 Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	02/2	3/2022		
	being filed. City of McAllen			Acknowledged: 8/2022		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi 03-19-S46-502 Professional Engineering Services for Design of Storm Drain	ded under the contract.			vide a	
4	Epsenderal Incorporate			00 MN 500M	finterest	
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap Controlling	plicable) Intermediary	
-		ana 2		Controlling	Internetiary	
					11162591-1100	
		n Mille Mark				
	i - A style hatoo - grad	due d			useld object	
		(G)			esta te	
	r viene in the second s	11				
	X - Préasée annair e Britheil	ar .S			10,75-3,295	
_	A. S. Deffection of a second				ebl of nether	
	, A share to a dar	ist nu				
		1913 H -			e di sin	
5	Check only if there is NO Interested Party.				ـــــــــــــــــــــــــــــــــــــ	
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 correc		(State)	(21p 0008)	(country)	
					00	
	Executed inCounty	/, State of, on th	ed	lay of (month)	, 20 (year)	
	·····					
		Signature of authorized agent of c (Declarant)	ontracting	business entity		

FORM 1295

1 of 2

-					2012	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE 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: 2022-853669		
	Halff Associates, Inc.					
	McAllen, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	02/2	3/2022		
	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		the co	ontract, and pro	vide a	
	03-19-S46-502 Professional Engineering Services for Design of Storm Draina	ages Improvements (Drainage Utility	/ Fee	Projects)		
4					finterest	
	Name of Interested Party	City, State, Country (place of busine	ess)		oplicable)	
-		Disbardson TV United Ctates		Controlling	Intermediary	
Ba	ker, Jessica	Richardson, TX United States		X		
Be	rtram, Shawn	Austin, TX United States		х		
Edwards, Mark		Richardson, TX United States		х		
Icl	kert, Andrew	Fort Worth, TX United States		х		
Ja	ckson, Todd	Austin, TX United States		х		
Ki	len, Russell	Richardson, TX United States		х		
Ll	ewellyn, Sr, Mark	Tallahassee, FL United States		х		
М	ller, Steve	Austin, TX United States		х		
М	oya, Michael	Austin, TX United States		х		
М	urray, Menton	McAllen, TX United States		х		
Py	lant, Ben	Fort Worth, TX United States		х		
Sa	igel, Joseph	Richardson, TX United States		х		
Ta	inksley, Dan	Richardson, TX United States		х		
Za	palac, Russell	Austin, TX United States		х		

Forms provided by Texas Ethics Commission

				2 of 2
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATIO	and the second second second second
1	Name of business entity filing form, and the city, state and country of t of business. Halff Associates, Inc. McAllen, TX United States	the business entity's place	Certificate Number: 2022-853669 Date Filed:	
2	Name of governmental entity or state agency that is a party to the cont being filed. City of McAllen	tract for which the form is	02/23/2022 Date Acknowledged	:
3	Provide the identification number used by the governmental entity or s description of the services, goods, or other property to be provided un 03-19-S46-502 Professional Engineering Services for Design of Storm Drainages In	nder the contract.		ovide a
4	Name of Interested Party City,	/, State, Country (place of busine		of interest applicable) Intermediary
				Internetualy
_				
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION		5/2/196	4
	My name is Robert Saenz	, and my date of b McAllen , T	X 78503	USA
	My address is <u>5000 West Military Highway, Suite 100</u> , (street)		ate) (zip code)	_, <u> </u>
	I declare under penalty of perjury that the foregoing is true and correct.	_	oo = .	
	Executed in <u>Hidalgo</u> County, State	te of Texas, on the 2	23_day of <u>Feb.</u> (month	
		75		
	Sign	gnature of authorized agent of cont (Declarant)	tracting business entity	1

FORM 1295

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and cour	ntry of the business entity's place	Certificate Number: 2022-852569		
	of business. jax construction		2022-8	852569	
	mission, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to t	he contract for which the form is	02/18/		
2	being filed.				
	City of McAllen		Date A 03/01/	cknowledged: 2022	
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	tity or state agency to track or identify ided under the contract.	the cor	ntract, and prov	vide a
	01-22-C14-489				
	demolition of various structures				
		1		Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	
			í þ	Controlling	Intermediary
		·			
			I		
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)
			une)	(zip 0006)	(country)
	I declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed inCour	ty, State of, on the	da	ay of	, 20
				(month)	
		Signature of authorized agent of cor	tracting	business entitv	
		(Declarant)			
Fo	rms provided by Texas Ethics Commission www.e	thics.state.tx.us		Version	V1.1.191b5cd

CERTIFICATE OF INTERESTED F	PARTIES		FOR	ам 1295
				1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parti	es.	ÇE	OFFICE USI RTIFICATION	
 Name of business entity filing form, and the city, state an of business. Schach Contractors IIc. dba Jax Construction mission, TX United States 	d country of the business entity's place	2022 Date	ificate Number: 2-852569 Filed:	
2 Name of governmental entity or state agency that is a par being filed. City of McAllen	ty to the contract for which the form is	8/2022 Acknowledged:	:	
Provide the identification number used by the government description of the services, goods, or other property to be 01-22-C14-489 demolition of various structures	ital entity or state agency to track or ide e provided under the contract.	ntify the c	ontract, and pro	vide a
Name of Interested Party	City, State, Country (place of b		f interest pplicable) Intermediary	
			v	
Check only if there is NO Interested Party.				
UNSWORN DECLARATION My name is Jamie Schach	, and my date	e of birth is	09-15-1970	
My address is7021 mile 7 1/2 Rd(street)	,Mission, (city)	, (state)	78573 (zip code)	, Usa
I declare under penalty of perjury that the foregoing is true and	correct.			
Executed inHidalgo	County, State of Texas , on	the <u>22</u> d	ay of <u>February</u> (month)	, 20 <u>_22</u> (year)
	Signature of authorized agent of (Declarant)	contracting	business entity	*

			1 of 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			And the states and the second	
1 Name of business entity filing form, and the city, state and cour	CERTIFICATION OF FILING Certificate Number:			
of business.	, , , ,	2022-856943		
Cutler Repaving, Inc. Lawrence, KS United States		Date Filed:		
2 Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	03/03/2022		
City of McAllen		Date Acknowledged:		
3 Provide the identification number used by the governmental en description of the services, goods, or other property to be provident of the services.	tity or state agency to track or identify iden tify under the contract.	the contract, and pro	vide a	
02-22-C13-316				
2022 Single Machine Repaving				
4 Name of Interested Party	City, State, Country (place of busin		f interest oplicable)	
Name of interested Faity	ony, oute, county (place of buoin	Controlling	Intermediary	
Rathbun, John	Lawrence, KS United States	х		
Miles, John	Lawrence, KS United States	Х		
Veskerna, Charles	Lawrence, KS United States	х		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is Charles R. Veskerna	, and my date of l	birth is <u>APRIL 6</u>	1950	
	, and my date of l	<u>3</u> , <u>[do 7]]</u> ate) (zip code)	, <u>US</u> .	
(street)	(city) (st		(country)	
I declare under penalty of perjury that the foregoing is true and corre		5 N		
Executed inCount	ty, State of <u>KANJAS</u> , on the	day of <u>MARCS</u> (month)	<u>(,</u> 20 <u>22</u> . (year)	
	Carale Alder	ene		
	Signature of authorized agent of cont (Declarant)	racting business entity		

			1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE	
 Name of business entity filing form, and the city, state and coun of business. 	try of the business entity's place	Certificate Number: 2022-856943	OFFICIENCE
Cutler Repaving, Inc.		2022-0000-0	
Lawrence, KS United States		Date Filed:	
 Name of governmental entity or state agency that is a party to th being filed. 	ne contract for which the form is	03/03/2022	
City of McAllen		Date Acknowledged: 03/04/2022	
3 Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide the provide the services.		the contract, and pro	vide a
02-22-C13-316 2022 Single Machine Repaving			
		Nature o	f interest
4 Name of Interested Party	City, State, Country (place of busin	ess) (check ar	oplicable)
		Controlling	Intermediary
Rathbun, John	Lawrence, KS United States	Х	
Miles, John	Lawrence, KS United States	Х	
Veskerna, Charles	Lawrence, KS United States	Х	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name is	, and my date of t	birth is	
My address is(street)		ate) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correc	st.		
Executed inCounty	y, State of, on the _		
		(month)	(year)
	Signature of authorized agent of cont (Declarant)	racting business entity	

				August	1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties.		Τ	OFFICE US	E ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING	
1	of business.			Certificate Number: 2022-854680		
	Texas Cordia Construction, LLC					
L	Edinburg, TX United States	<i>w</i>		Filed:		
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which the form is	02/2	5/2022		
	City of McAllen		Date	Acknowledged	:	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be pro-	entity or state agency to track or identify ovided under the contract.	the c	ontract, and pro	vide a	
	12-21-C11-385 Hackberry and Kendlewood Waterline Improvements (CDI	BG Funded)				
4					f interest	
	Name of Interested Party	City, State, Country (place of busin	iess)		pplicable)	
_				Controlling	Intermediary	
H	redia, Isaac	Edinburg, TX United States		х		
C	rbitt, PE, Yara	Edinburg, TX United States	W4007	X		
				2		
	·					
	· · · · · · · · · · · · · · · · · · ·					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name isYara M. Corbitt, PE, CEO	, and my date of t	birth is	11/09/1979		
	My address is 3149-A Center Pointe Drive	EdinburgT	x	78539	, USA .	
	(street)		ate)	(zip code)	(country)	
	declare under penalty of perjury that the foregoing is true and corr	rect.				
	Executed in HidalgoCou	inty, Stale of <u>Texas</u> , on the _	25_d	ay of _ February	_, 20 <u>22</u> .	
		Ru GutaP		(month)	(year)	
		(Signature of authorized agent of cont (Declarant)	racting	business entity		
or	ns provided by Texas Ethics Commission www.e	ethics.state.tx.us		Version	V1.1.191b5cdc	

L							1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties	s.			CE	OFFICE US		
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. Texas Cordia Construction, LLC Edinburg, TX United States 					Certificate Number: 2022-854680 Date Filed:		
2	Name of governmental entity or state agency that is a party being filed. City of McAllen		25/2022 Acknowledged					
						8/2022		
3	Provide the identification number used by the governmenta description of the services, goods, or other property to be 12-21-C11-385 Hackberry and Kendlewood Waterline Improvements (Cl	provide	d under the cor		entify the c	ontract, and pro	vide a	
4		Τ				Contraction and Contraction an	finterest	
	Name of Interested Party		City, State, Cou	ntry (place of b	usiness)	(check a Controlling	oplicable) Intermediary	
Н	predia, Isaac		Edinburg, TX	United States		X	Internetiary	
C	orbitt, PE, Yara		Edinburg, TX	United States		×		
y a								
					- ENHOLD IN THE OWNER			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is			, and my dat	e of birth is	. <u></u>	·	
	My address is(street)	P.	,(cit	y)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and c	correct.						
	Executed inC	County,	State of	, on	thec			
						(month)	(year)	
			Signature of aut	horized agent of (Declarant)	contracting) business entity		
or	ms provided by Texas Ethics Commission www	w.ethic	s.state.tx.us			Version	V1.1.191b5cd	

L					1 of 1	
Γ	Complete Nos. 1 - 4 and 6 if there are interested parties.		Γ	OFFICE USI	EONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	RTIFICATION	OF FILING	
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. 			Certificate Number: 2022-857215		
	M.J.A. Construction, LLC					
	Mission, TX United States			Filed:		
2	being filed.	he contract for which the form is		4/2022		
	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		the c	ontract, and pro	vide a	
	01-22-C14-489					
	Demolition of Various Structures					
4					finterest	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	plicable) Intermediary	
		Mission TV United States			Internetiary	
5	onya, Gonzalez	Mission, TX United States		Х		
_						
		L	I			
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Sonya A. Gonzalez	, and my date of b	birth is	07/01/1975	5	
	My address is <u>3100 Hackberry Ave.</u>			78574	USA	
	(street)	(city) (sta	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	, State of Texas , on the	4th_d		_, ₂₀ _22	
		.7		(month)	(year)	
		5_0.8	P			
		Signature of authorized agent of contr	acting	business entity		
		(Declarant)				

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

FORM 1295

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Con Con	nplete Nos. 1 - 4 and 6 if there are interested parties nplete Nos. 1, 2, 3, 5, and 6 if there are no interested	1 parties.			OFFICE US		
1 Nan	1 Maile of Buomeos entry ming form, and the only entre and estimate the second of provide			ice C	Certificate Number: 2022-857215		
- E 91 980	M.J.A. Construction, LLC				022-05/215		
	Mission, TX United States2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			D	ate Filed:		
				is 0	3/04/2022		
beir							
City	r of McAllen				ate Acknowledged: 3/07/2022		
3 Prov des	vide the identification number used by the gover cription of the services, goods, or other property	nmental enti to be provid	ty or state agency to track or led under the contract.	identify th	e contract, and pro	vide a	
	22-C14-489 nolition of Various Structures						
					Nature o	finterest	
4	Name of Interested Party		City, State, Country (place o	f busines		oplicable)	
					Controlling	Intermediary	
Sonya,	Gonzalez		Mission, TX United States		x		
and the second						an and a single second second	
				and the second of			
001. 201 . 201. 201.							
an a							
5 Che	ck only if there is NO Interested Party.						
6 UNS	WORN DECLARATION						
My n	ame is		, and my o	date of birt	th is		
Mua	ddress is						
wy a	(street)		(city)	(state) (zip code)	(country)	
I dec	I declare under penalty of perjury that the foregoing is true and correct.						
Exec	suted in	County	, State of	on the	day of	, 20	
					(month)	(year)	
		. <u>.</u>	Signature of authorized agent (Declaran	t of contrac	cting business entity		
orma	provided by Texas Ethics Commission	MAMAN oth	ics.state.tx.us		Version	V1.1.191b5cd	
UIIIS .	10410CU DY TEXAS ETHICS COTTINISSION	AAAAAA.C()			v C151011		

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE US	
1	of business. Silver Ribbon Community Partners		2	ertificate Number: 022-848874	
2		e contract for which the for	n is 0 D	bate Filed: 2/09/2022 Pate Acknowledged	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid B-21-MC-48-0506 Provide financial assistance to the elderly and adults w disabi equipment or medical expenses.	led under the contract.		y deposit, durable	medical
4	Name of Interested Party	City, State, Country (płace	of busines		of interest pplicable) Intermediau
-					
		анан аларын а			
	Check only if there is NO Interested Party.	· · · · · · · · · · · · · · · · · · ·		0 00 0 00000	
	My name is_Mindalia Uchm	, and m	y date of bin	th is 5/10/6	5;
	My address is IAUI W ESpuranza Avec	Mi Hilen (city)	(state	(zip code)	Hidelgs (country)
	I declare under penalty of perjury that the foregoing is true and correc Executed in	AININ	_, on the	day of Feb	. 20 <u>22</u> .
		Signature of authorized age			بر بر مر زیر مر ز <u>یر میں</u>
01	rms provided by Texas Ethics Commission www.eth	lics.state.tx.us		Version	V1.1.191b5

FORM 1295

				101	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US		
1	Name of business entity filing form, and the city, state and coun	Certificate Number:			
	of business. Silver Ribbon Community Partners	2022-848874			
	Mcallen, TX United States		Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	02/09/2022		
	being filed. City of Mcallen CDBG		Date Acknowledged:		
			03/09/2022		
3	Provide the identification number used by the governmental ent	ity or state agency to track or identify	y the contract, and pro	ovide a	
	description of the services, goods, or other property to be provi B-21-MC-48-0506	ded under the contract.			
	Provide financial assistance to the elderly and adults w disab	ilities for rent, rent deposit, utility, ut	tility deposit, durable	medical	
	equipment or medical expenses.			Sale of which is also	
4	Name of Interested Party	City, State, Country (place of busin		of interest applicable)	
			Controlling	Intermediary	
Г					
L					
L					
F					
\vdash					
\vdash					
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)	
	(Sueer)	(city) (st	ate) (Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Evented in	· Otata af			
	Executed inCounty	/, State of, on the _	day of(month)		
			((Jour)	
		Signature of authorized agent of cont	tracting business entity		
For	no provided by Toyog Ethics Commission	(Declarant)		14 4 40415	
ror	ns provided by Texas Ethics Commission www.eth	ics.state.tx.us	Version	V1.1.191b5cdc	

L					1 of 1	
F	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. RUDS ENGINEERING AND CONSTRUCTION SERVICES, LLC Weslaco, TX United States			Certificate Number: 2022-855352 Date Filed:		
2	 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. 			/28/2022 te Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid Project # 01-22-C12-501 Construction Services, Engineering, professional Services	ity or state agency to track or identify led under the contract.	the contract, and provide a			
4	Name of Interested Party	City, State, Country (place of business)		(check ap		
				Controlling	Intermediary	
┝						
-						
-						
-						
-						
5	Check only if there is NO Interested Party.					
6	My name is Ricardo Pedraza	, and my date of b	oirth is	8/23	3/1978	
	My address is 1803 S. Domingl (street)	AC. Dr. Pharry T	X.,_ ate)	78577 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct. Executed in					
		Signature of authorized agent of contra	racting	business entity		
		(Declarant)				

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ertificate Number: 022-855352		
	RUDS ENGINEERING AND CONSTRUCTION SERVICES,	LLC	2022	2-033332		
	Weslaco, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to t being filed.	he contract for which the form is	02/2	28/2022		
	City of McAllen		Date	Acknowledged:		
			03/1	.0/2022		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov	tity or state agency to track or identify ided under the contract.	y the c	ontract, and prov	vide a	
	Project # 01-22-C12-501					
	Construction Services, Engineering, professional Services					
				Nature of	f interest	
4	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap		
L_				Controlling	Intermediary	
-						
-						
-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	ſ		
	My address is (street)	'''''' (city) (s	tate)	(zip code)	(country)	
	(555)			, , , ,	,	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCoun	ty, State of, on the	c	day of	, 20	
				(month)	(year)	
		Circoluro of outbodies down of	trast			
		Signature of authorized agent of con (Declarant)	tracting	j pusiness entity		
Fo	ms provided by Texas Ethics Commission www.et	hics.state.tx.us		Version V	V1.1.191b5cdc	

F					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested par	ties		OFFICE US	
1	Name of business entity filing form, and the city, state and country of the business entity's place		_	CERTIFICATION OF FILING	
	of business.			2-857065	
	Frontera Materials Inc Elsa, TX United States			e Filed:	
2	Name of governmental entity or state agency that is a pa	rty to the contract for which the form is		03/2022	
	being filed.				
	City of McAllen		Date	e Acknowledged	
3	Provide the identification number used by the government description of the services, goods, or other property to b	ntal entity or state agency to track or identi e provided under the contract.	fy the c	contract, and pro	vide a
	02-22-P26-71 Type "D" Hot Mix Asphaltic Concrete				
4	Name of Interested Party	City, State, Country (place of bus	iness)		f interest oplicable)
	Name of interested Party	City, State, Country (place of bus	messj	Controlling	Intermediary
5	Check only if there is NO Interested Party.				
	JNSWORN DECLARATION			1	,
Ì	My name is EE Forshace III	, and my date o	f birth is	3/17/	63
,	My address is 25631 LAGUNA Se	call Elimburg -	Tx	78541	USA
	(street)	(city) (state)	(zip code)	(country)
	declare under penalty of perjury that the foregoing is true and	d correct.			1
	Executed in Hichled	County, State of TEXPS, on the	3.	tay of March	-,2022.
		he Q-		(month)	(year)
	_	Signature of authorized agent of con (Declarant)	ntracting	g business entity	
orr	ns provided by Texas Ethics Commission w	ww.ethics.state.tx.us		Version	V1.1.191b5cdc

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested part	ties		OFFICE US		
1	Name of business entity filing form, and the city, state ar	usiness entity filing form, and the city, state and country of the business entity's place				
	of business.			2-857065		
	Frontera Materials Inc Elsa, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a pa	rty to the contract for which the form is		3/2022		
	being filed.	· · · · · · · · · · · · · · · · · · ·				
	City of McAllen			Date Acknowledged: 03/07/2022		
3	Provide the identification number used by the government	ntal entity or state agency to track or identi	fv the c	ontract, and pro	vide a	
	description of the services, goods, or other property to b					
	02-22-P26-71					
	Type "D" Hot Mix Asphaltic Concrete					
E		1		Nature o	finterest	
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check a	oplicable)	
L				Controlling	Intermediary	
-						
					and the second secon	
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	birth is	i	······································	
	My address is	······································	'.	(w)= ===1=V	··	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and	d correct.				
	Executed in	County, State of	c	day of	. 20	
			0	(month)	(year)	
	_	Signature of authorized agent of con (Declarant)	ntracting	g business entity	х.	
For	ns provided by Texas Ethics Commission w	ww.ethics.state.tx.us		Version '	V1.1.191b5cdd	

FORM 1295

						1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2022-862297		
	The Salvation Army McAllen/Hidalgo County			2022-	-002297		
	McAllen, TX United States			Date F	=iled:		
2	Name of governmental entity or state agency that is a party to th	e contract for which t	he form is	03/17	/2022		
_	being filed.						
	City of McAllen				Acknowledged:		
				03/18	/2022		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide			the co	ntract, and prov	vide a	
	B-21-MC-48-0506						
	Emergency Shelter, Feeding Program, and Social Services.						
4	Nome of Interacts I Denty	City State Country	(nloss of huster)		Nature of		
	Name of Interested Party	City, State, Country	(place of busine	->>)	(check ap		
-					Controlling	Intermediary	
				[
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	,	and my date of I	oirth is		·	
	My address is						
	My address is(street)	,(city)	,, (st	, _ ate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	xt.					
	Executed inCounty	v State of	on the	رام	av of	20	
		y, Glaic OI	, on the _	ū	(month)	, 20 (year)	
		Signature of authoriz		racting	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.	n s _{ele} nsan <u>e</u> nse. 19	8	OFFICE USE	
L	Name of business entity filing form, and the city, state and coun	try of the husiness ontitute place		TIFICATION	OF FILING
Γ	of business.	try of the business entity's place		cate Number: 862297	
	The Salvation Army McAllen/Hidalgo County McAllen, TX United States		Data F	ilo di	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	Date F 03/17/		
	being filed. City of McAllen		Data A	cknowledged:	
			Date A	contowieugeu.	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide	ity or state agency to track or identify	the cor	ntract, and pro	vide a
	B-21-MC-48-0506	ded under the contract.			
	Emergency Shelter, Feeding Program, and Social Services.				
4				Nature o	finterest
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
-	a anna an an anna an anna an anna an anna an an	n - - - - - - - - - - - - - -		Controlling	Intermediary
					i Santanan yang santa
					1997 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -
					
			11.20 A.		
5	Check only if there is NO Interested Party.				х х
6	JNSWORN DECLARATION				
	My name is Captain Adolph Ad	<u>QUITE</u> , and my date of b	irth is	2-22.	11
	IGOON 213rd streat	McAllon T		78501	ILCA
	My address is 1600 N 2010 SULLET (street)	(city) (sta	<u>n</u>	(zip code)	(country)
		·			
	declare under penalty of perjury that the foregoing is true and correct	and the second se			
	Executed in <u>HIDAIGO</u> county	, State of <u>exas</u> , on the 1	Lday	or March	1.20 <u>22</u>
	\bigcirc	2,1111		(month)	(year)
		of IM L			
	-04	Signature of authorized agent of contr (Declarant)	acting b	usiness entity	

Forms provided by Texas Ethics Commission

FORM 1295

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		tificate Number: 2-861499			
	Hermes Music						
	PHARR, TX United States			e Filed:			
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	03/1	15/2022			
	being filed.		Date	e Acknowledged:			
	City of McAllen		Dail	e Acknowledged.			
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 03-22-P37-01						
	PROJECT NO. 03-22-P37-01 SOUND SYSTEM CONV CEN	NTER					
4				Nature of			
	Name of Interested Party	City, State, Country (place of bu	usiness)	(check ap	. ,		
]	Hermes Music	McAlen, Texas USA		Controlling X	Intermediary		
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date	e of birth i	is_ <u>12/24/1971</u>			
	My address is 830 N. Cage Blvd.	, McAllen ,	Texas	,78577	, <u>USA</u> .		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	ty, State of <u>Texas</u> , on	the <u>21</u>	_day of <u>March</u> (month)	, 20 <u>_22</u> (year)		
		Juan Alvarado		、 <i>,</i>	()04/		
		Signature of authorized agent of (Declarant)	contractir	ng business entity			

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				E ONLY I OF FILING
1	Name of business entity filing form, and the city, state and coun of business.		Certificate Number: 2022-861499		
	Hermes Music PHARR, TX United States		Date	e Filed:	
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is		15/2022	
	being filed.				
	City of McAllen			e Acknowledged: 21/2022	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ry the c	contract, and pro	vide a
	03-22-P37-01 PROJECT NO. 03-22-P37-01 SOUND SYSTEM CONV CEN	ITER			
4	Nouse of Interacted Darty	City State Country (slope of hus)			f interest
	Name of Interested Party	City, State, Country (place of busi	ness)	Controlling	oplicable) Intermediary
				Controlling	intermediary
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth is	3	·
	My address is				
	My address is(street)	(city) (:	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Evenuted in	(State of		deviaf	20
	Executed inCounty	y, state of, on the	((month)	, 20 (year)
		Signature of authorized agent of cor	atracting	a husiness entity	
		(Declarant)			
For	ms provided by Texas Ethics Commission www.eth	nics state tx us		Version V	V1.1.191b5cdc

FORM 1295

			1011
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING		
 Name of business entity filing form, and the city, state and coun of business. 	Certificate Number: 2022-865290		
Carollo Engineers, Inc.		2022-003290	
Austin, 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	03/25/2022	
McAllen Public Utility		Date Acknowledged:	
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provident.		the contract, and prov	vide a
Project No. 03-20-S31-267			
Treatment Plant Feasibility Study			
4		Nature of	terms to the set of a
Name of Interested Party	City, State, Country (place of busine		
Sobeck, David	Phoenix, AZ United States	Controlling X	Intermediary
Hart, Vincent	Broomfield, CO United States	X	
Wachter, Russell	Phoenix, AZ United States	X	
Wason, Ash	Costa Mesa, CA United States	х	
Hagstrom, James	Walnut Creek, CA United States	Х	
Barnes, Michael	Walnut Creek, CA United States	Х	
Narayanan, Balakrishnan	Walnut Creek, CA United States	х	
5 Check only if there is NO Interested Party.			
6 UNSWORN DECLARATION			
My name isScott P. Hoff	, and my date of l	birth isSeptember 19	9, 1970
My address is5329 Summer Star Lane	,,,,,	X	, USA
(street)	(city) (st	ate) (zip code)	(country)
I declare under penalty of perjury that the foregoing is true and correc	ct.		
Executed in Dallas Count	y, State of, on the _	25th_day ofMarch	_, 20 <u>22</u> .
	StopAA	(1101111)	(year)
	Signature of authorized agent of cont (Declarant)	tracting business entity	

CERTIFICATE OF INTERESTED PARTIES			FORM 1295			
	1 of 1					
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	Complete 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		
of business.		0.000	Certificate Number: 2022-865290			
Austin, TX Onited States			iled: 2022			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. McAllen Public Utility			Date Acknowledged: 03/25/2022			
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. 03-20-S31-267 Treatment Plant Feasibility Study						
4 Name of Interested Party	City, State, Country (place of busin	ness)	Nature of (check ap	plicable)		
			Controlling	Intermediary		
Sobeck, David	Phoenix, AZ United States		Х			
Hart, Vincent	Broomfield, CO United States		Х			
Wachter, Russell	Phoenix, AZ United States		Х			
Wason, Ash	Costa Mesa, CA United States		X			
Hagstrom, James	Walnut Creek, CA United States		X			
Barnes, Michael	Walnut Creek, CA United States		X			
Narayanan, Balakrishnan	Walnut Creek, CA United State:	S	X			
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is	, and my date o	of birth is		·		
My address is(street)	(city) ((state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and corre	ct.					
Executed inCoun	ty, State of, on the	ed	ay of(month)	, 20 (year)		
Signature of authorized agent of contracting business entity (Declarant) Version V1.1.191b5cdc						

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CERTIFICATE	OF INTERESTED	PARTIES
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				2	1 of 1
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING		
1	 Name of business entity filing form, and the city, state and country of the business entity's place of business. 		100000000000000000000000000000000000000	cate Number: 865131	
	Linebarger Goggan Blair & Sampson, LLP Edinburg, TX United States		Date F	lad	
2	Name of governmental entity or state agency that is a party to th	ne contract for which the form is	03/25		
	being filed. City of McAllen		Date A	Acknowledged:	
L					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provident		the co	ntract, and prov	vide a
	21-S56-01 09-21-S56-77 Delinquent Municipal Court Cost Fine and Fee	Collection Attorneys			
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap Controlling	plicable) Intermediary
Fi	anz, John David	McAllen, TX United States		Controlling	X
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	,	, and my date of t			
	My address is 1512 S. Lone Star Way (street)	, Edinburg, T.	X,,,	78539 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	ıt.			
	Executed in Hidalgo County	y, State of Texas, on the	25 _{da}	y of March (month)	<u>)</u> , 20 <u>27</u> . (year)
		Lucy B. Cheeale	2		
		Signature of authorized agent of cont	racting I	business entity	

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION		
1	of business. Linebarger Goggan Blair & Sampson, LLP Edinburg, TX United States		2022 Date	Certificate Number: 2022-865131 Date Filed:		
2	Name of governmental entity or state agency that is a party to th being filed. City of McAllen					
3	 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 21-S56-01 09-21-S56-77 Delinquent Municipal Court Cost Fine and Fee Collection Attorneys 					
4	Name of Interested Party	City, State, Country (place of busi	ness)	Nature o (check ar Controlling		
Fr	anz, John David	McAllen, TX United States			х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			3		
	My name is	, and my date o	f birth i	S	·	
	My address is(street)	,, _,, _	state)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed inCount	y, State of, on the		day of(month)	, 20 (year)	
		Signature of authorized agent of co (Declarant)	ntractin	ng business entity		

					1 01 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY					
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING		
1				ificate Number: 2-861116		
	NM Contracting, LLC					
	McAllen, TX United States		121000000000000000000000000000000000000	Filed: 5/2022		
2	Name of governmental entity or state agency that is a party to th being filed.	ne contract for which the form is				
	City Of McAllen		Date	Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the c	ontract, and prov	vide a	
	01-22-C14-489					
	Demolition of Various Structures					
4		Oite Otata Occurture (along of busin			f interest	
	Name of Interested Party	City, State, Country (place of busin	essj	Controlling	oplicable) Intermediary	
М	lunoz, Noel	McAllen, TX United States		X	,	
_						
-						
_						
-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Noel Munoz	, and my date of	birth is	s 2/01/1968		
	My address is 2022 Orchid Avenue	Mcallen		78504	USA	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.				
	Executed in Hidalgo Count	ty, State of Texas, on the	15	day of March	, 20 22	
		alm		(month)	(year)	
		Signature of authorized agent of con	tractin	ig business entity		
		(Declarant)				

	CERTIFICATE OF INTERESTED PART	TES		FOR	м 1295
		2			1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE RTIFICATION	ALCO TRANSCOM TRANS
1	Name of business entity filing form, and the city, state and countr of business. NM Contracting, LLC	y of the business entity's place	2022	ificate Number: 2-861116	
2	McAllen, TX United States Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	0.014	Filed: 5/2022	
	City Of McAllen			Acknowledged: 8/2022	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 01-22-C14-489 Demolition of Various Structures	y or state agency to track or id ed under the contract.	entify the c	ontract, and prov	vide a
				Nature of	finterest
4	Name of Interested Party	City, State, Country (place of	business)	(check ap	
				Controlling	Intermediary
м	unoz, Noel	McAllen, TX United States		×	
_					
_					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my d	ate of birth i	s	·
	My address is	,	_,,	·	-' <u>(2000</u>
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correc	t.			
	Executed inCounty	/, State of, c	on the	_day of (month)	, 20 (year)
		Signature of authorized agent (Declarant			V1 1 101b5cdc

FORM	1295
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					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE US	
1	Name of business entity filing form, and the city, state and co of business. Telepro Communications Mission, TX United States	untry of the business entity's place	2022	ificate Number: 2-866206	
2	Name of governmental entity or state agency that is a party to) the contract for which the form is		Filed: 9/2022	
	being filed. City of McAllen		Date	Acknowledged	l
3	Provide the Identification number used by the governmental e description of the services, goods, or other property to be pro 2-22-S19-139 City-Wide Wi-Fi Network Maintenance	entity or state agency to track or identify ovided under the contract.	the c	ontract, and pro	vide a
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	f interest oplicable)
F		-		Controlling	Intermediary
			_		
			_		
	Check only if there is NO Interested Party.				
6	JNSWORN DECLARATION				
	My name is Daniel Backhaus	, and my date of b	oirth is	06/09/198	<u>6</u> .
1	/ly address is <u>12005 N. Bryan Rd.</u> (street)	, <u>Missiòn</u> , <u>T</u> (city) (sta	<u>'X_</u> , _ ate)	78572 (zip code)	. <u>USA</u> . (country)
	declare under penalty of perjury that the foregoing is true and corre	ect.			
	Executed in Hidalgo Cour	nty, State of <u>Texas</u> , on the,	<u>29</u> d	ay of <u>March</u> (month)	, 20 <u>_22</u> . (year)
		Signature of authorized agent of contr (Declarant)	racting	business entity	
orr	ns provided by Texas Ethics Commission www.e			Version	V1.1.191b5cdc

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING						
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-866206			
	Telepro Communications	2020	2-000200				
	Mission, TX United States	Date	e Filed:				
2	Name of governmental entity or state agency that is a party to	o the contract for which the form is	- 03/2	29/2022			
	being filed.	Acknowledged:					
	City of McAllen			9/2022			
-			-				
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-		/ the c	contract, and prov	vide a		
	2-22-S19-139						
	City-Wide Wi-Fi Network Maintenance						
4				Nature of			
	Name of Interested Party	City, State, Country (place of busin	iess)	(check ap			
-				Controlling	Intermediary		
-							
_							
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
U							
	My name is	, and my date of	birth is	·	·		
	My address is				·		
	(street)		late)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corr	rect.					
	Executed inCou	inty, State of, on the _	c	lay of	, 20		
				(month)	(year)		
		Signature of authorized agent of cont (Declarant)	tracting	g business entity			
For	ns provided by Texas Ethics Commission www.e	ethics.state.tx.us		Version V	V1.1.191b5cdd		

FORM 1295

					IOII	
	Complete Nos. 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. HEAT Safety Equipment, LLC		2022	Certificate Number: 2022-855503 Date Filed:		
2	Von Ormy, TX United States Name of governmental entity or state agency that is a party to the being filed. City of McAllen	e contract for which the form is	02/28/2022 Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 03-22-P33-184 FIRE DEPARTMENT COMPRESSOR SYSTEM	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	ride a	
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of (check ap	plicable)	
-				Controlling	Intermediary	
L						
L			0			
L						
L						
L						
5	i Check only if there is NO Interested Party.					
e	My name is Jimmin - John Dur	and my date of	of birth i	is_ <u>5/7/</u>	72	
	My address is 5465 Carren R1, Von Orny, Tx, 78073, Bexag (street) (city) (state) (zip code) (country)					
	I declare under penalty of perjury that the foregoing is true and correct Executed inCountry Country Co	ect. hty, State of \underline{Texc}_{5} , on the	• 28	day of Florence (month	20_22 (year)	
		1				
	Signature of authorized agent of contracting business entity (Declarant)					

FORM 1295

						1 01 1	
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun	try of the business ent	ity's place		cate Number:		
	of business. HEAT Safety Equipment, LLC			2022-	855503		
	Von Ormy, TX United States			Date F	iled:		
2	Name of governmental entity or state agency that is a party to the	e contract for which th	ne form is	02/28/			
-	being filed.						
	City of McAllen			Date A 03/30/	Acknowledged:		
						dala a	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided	ded under the contract	rack of identify	the col	ntract, and prov	nde a	
	03-22-P33-184 FIRE DEPARTMENT COMPRESSOR SYSTEM						
4					Nature of	interest	
-	Name of Interested Party	City, State, Country	(place of busine	ess)	(check ap		
					Controlling	Intermediary	
5	Check only if there is NO Interested Party.			1			
6	UNSWORN DECLARATION						
	My name is	,	and my date of t	oirth is _		·	
	My address is						
	(street)	,(city)		, ate)	(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed inCount	y, State of	, on the _	da		, 20	
					(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)						