	CERTIFICATE OF INTERESTED PAR	IIES		FOR	м 1295
					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filling form, and the city, state and count of business.	try of the business entity's p		tificate Number: 4-1109844	
	Wastequip Manufacturing Company LLC				
2	Statesville, NC United States Name of governmental entity or state agency that is a party to th	e contract for which the form	04.6	e Filed: 09/2024	
	being filed.			a A aknowladgadı	
	City of McAllen		Date	e Acknowledged:	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 1-24-P-82-01 DUMPS Waste Handling Equipment		r identify the o	contract, and prov	vide a
4				Nature of	
	Name of Interested Party	City, State, Country (place	of business)	(check ap	pplicable) Intermediary
				Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Laura P Hubbard	, and m	y date of birth i	o4/13/1972	2
	My address is 841 Meacham Road	Statesville	NC_	28677	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed in Iredell County	y, State of NC	_, on the <u>9</u>		
	DocuSign	ned by:		(month)	(year)
	· · · · · · · · · · · · · · · · · · ·	Hubbard			
	834FF56	^{7BB} ®i% Pature of authorized ago (Decla		ng business entity	

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1109844			
	Wastequip Manufacturing Company LLC		202	24-1109844		
	Statesville, NC United States		Date	Date Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/0	09/2024		
	being filed. City of McAllen		Date	e Acknowledged:		
	City of McAilett			09/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		ntify the	contract, and prov	vide a	
	PROJECT NO. 1-24-P-82-01 DUMPS					
	Waste Handling Equipment					
				Nature of	fintorost	
4	Name of Interested Party	City, State, Country (place of b	usiness)			
	y			Controlling	Intermediary	
		L				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my dat	e of birth	is		
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed inCounty	y, State of . on	the	day of	, 20 .	
		,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(month)	(year)	
		Signature of authorized agent of (Declarant)	contracti	ng business entity		

FORM **1295**

					1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Cert	tificate Number:	OI TILINO
	Randall Reed's Planet Ford 635	202	4-1112441		
	GARLAND, TX United States	Date	e Filed:		
2	, , ,	ne contract for which the form is	01/1	16/2024	
	being filed. City of McAllen	Date	e Acknowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		entify the o	contract, and pro	vide a
	PROJECT NO. 11-23-P20-133 PURCHASE OF THIRTY-THREE (33) NEW CURRENT MO				
4	Name of Interested Party	City, State, Country (place of l	husiness)		f interest
	Name of interested Party	City, State, Country (place of i	Jusiliess)	Controlling	Intermediary
Si	arac, Admir	GARLAND, TX United State	es		Х
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Admir Sarac	, and my da	ate of birth i	is 03/17/196	1
	My address is 3601 S Shiloh Rd	Garland		, 75041	,_USA_
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and corre				
	Executed inCount	ty, State of Texas , or	n the <u>10th</u>	_day of _ Januar (month)	y, 20 <u>24</u> . (year)
		11 ~			
		Admir Sarac	of oontro	ag huginaga anti-	
		Signature of authorized agent (Declarant)	o contractif	ig business entity	

FORM **1295**

L					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1112441			
	Randall Reed's Planet Ford 635		202	4-1112441		
	GARLAND, 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	01/2	16/2024		
	being filed.					
	City of McAllen		e Acknowledged: 16/2024			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide	ify the	contract, and prov	vide a		
	PROJECT NO. 11-23-P20-133 PURCHASE OF THIRTY-THREE (33) NEW CURRENT MOD	DEL VEHICLES				
7	1			Nature of	interest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	applicable)	
				Controlling	Intermediary	
Sa	arac, Admir	GARLAND, TX United States			Х	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth	is	·	
	My address is					
	My address is(street)	,,,,	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on th	e	_day of	, 20	
				(month)	(year)	
		Signature of authorized agent of co (Declarant)	ontractir	ng business entity		

CERTIFICATE OF INTERESTED PARTIES				FORI	м 1295 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 count of business. SILSBEE FORD SILSBEE TY United States	try of the business entity's place	2024	ficate Number: -1113386 Filed:	
2	01/2				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT NO. 11-23-P20-133 PURCHASE OF 33 NEW CURRENT MODEL VEHICLES	ity or state agency to track or identify ded under the contract.	the co		
4		Site State Security (also a 4 busin	>	Nature of	
	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	Intermediary
D	ONALSON, DREW	SILSBEE, TX United States		X	
_		Th.			
_					
		_=			
_					
5	Check only if there is NO Interested Party.				
6	My name is A. Slen Angella My address is 1211 U.S. Huggella	and my date of	birth is	3/2U	158
	(street)	(city) (st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct. Executed in				
		Signature of authorized agent of con (Declarant)	tracting	business entity	

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		icate Number: -1113386			
	SILSBEE FORD		_	en. a		
_	SILSBEE, TX United States	o contract for which the ferme!	Date I	Filed: 3/2024		
_	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	101/10	<i>3,</i> 2027		
	CITY OF MCALLEN			Acknowledged: 8/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the co	ontract, and prov	ride a	
	PROJECT NO. 11-23-P20-133 PURCHASE OF 33 NEW CURRENT MODEL VEHICLES					
4				Nature of	interest	
•	Name of Interested Party	City, State, Country (place of busin	ness)		applicable)	
				Controlling	Intermediary	
DO	ONALSON, DREW	SILSBEE, TX United States		Х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			<u> </u>		
	My name is	, and my date of	birth is		·	
	My address is		, _		,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCounty	y, State of, on the	d	lay of(month)	, 20 (year)	
		Signature of authorized agent of cor (Declarant)	ntracting	business entity		

CERTIFICATE OF INTERESTED PARTIES **FORM 1295** OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2023-1006208 Sechrist-Hall Company Date Filed: Harlingen, TX United States 04/12/2023 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of McAllen Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-23-C25-446 Roofing Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Intermediary Controlling Х Harlingen, TX United States McBride, Bill

Check only if there is NO Interested Party.				
UNSWORN DECLARATION		-		
My name is J. Carlos Coronado	, an	nd my date of birth is	10/09/197	1
My address is P O Box 2347	Harlingen	, <u>TX</u> _,	78551	,_USA
(street)	(city)	(state)	(zip code)	(country)
1 declare under penalty of perjury that the foregoing	ig is true and correct.			
Executed in Cameron	County, State of	, on the1 <u>3th</u> c	-	, 20 <u>23</u>
	\wedge \wedge \wedge	^	(month)	(year)

Signature of authorized agent of contracting business entity (Declarant)

FORM **1295**

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business. Sechrist-Hall Company Harlingen, TX United States	Cert 202	Certificate Number: 2023-1006208 Date Filed:		
2		Date	04/12/2023 Date Acknowledged: 01/23/2024		
3	Provide the identification number used by the governmental entitidescription of the services, goods, or other property to be provided 02-23-C25-446 Roofing		tify the o	contract, and prov	vide a
4	Name of Interested Party	City, State, Country (place of bu	siness)	Nature of (check ap	
М	cBride, Bill	Harlingen, TX United States		Х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date	of birth	is	·
	My address is(street)	,, city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	v, State of, on the	ne	_day of(month)	, 20 (year)
				, , , , , ,	3 7
		Signature of authorized agent of (Declarant)	contracti	ng business entity	

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1115182				
	B2Z Engineering, LLC		2024	1-1115182		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/23	3/2024		
	being filed.			Acknowledged:		
	City of McAllen 01					
3	Provide the identification number used by the governmental entity or state agency to track or identify the description of the services, goods, or other property to be provided under the contract.				vide a	
	PROJECT NO. 01-24-S13-01 CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WID	DENING FROM 2ND STREET TO J	ACKS	SON AVE (FM 2	061)	
				Nature of		
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap		
	-			Controlling	Intermediary	
G	onzalez, Aisha	Mission , TX United States		х		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	3	·	
	My address is					
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	y, State of, on the	c	day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

							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.					FICE USE	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: 2024-1115182		
	B2Z Engineering, LLC Mission, TX United States					d•		
2	Name of governmental entity or state agency that is a party to the	ne contract f	or which the forr		Date Filed 01/23/20:			
being filed. City of McAllen				ı	Date Ackı	nowledged:		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			r identify t	ne contra	act, and prov	vide a	
	PROJECT NO. 01-24-S13-01 CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIL	DENING FF	ROM 2ND STRE	ET TO JA	CKSON	AVE (FM 2	061)	
4	Name of Interested Party	City State	o Country (place	of husines		Nature of		
	Name of Interested Party	City, State	e, Country (place	or busines		(check ap	Intermediary	
G	onzalez, Aisha	Mission	, TX United Stat	tes	Х			
5	Check only if there is NO Interested Party.				·			
6	UNSWORN DECLARATION							
	My name is Aisha Gonzalez		, and m	y date of bi	rth is	01/23/1	979	
	My address is 900 S. Stewart Road, Suite 4 (street)	,	Mission (city)	,,(stat		8572 (zip code)	, USA (country)	
	` ,	-4	(oity)	(Stat	<i>5</i>)	(Zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct		Toyoo	0.0	N al	1		
	Executed in Hidalgo Count	ty, State of _	Texas	_, on the 4	<u>Mu</u> day o	of January (month)	/, 20_ <mark>24</mark> (year)	
	_		sola C) Longo		>		
		Signature	e of authorized age		acting bus	iness entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE			
_	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING Certificate Number:			
1	Name of business entity filing form, and the city, state and count of business.	entity filing form, and the city, state and country of the business entity's place					
	SHI Government Solutions, Inc.			24-1115046			
	Austin, 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 i	s 01/	/23/2024			
	City of McAllen						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		dentify the	contract, and prov	/ide a		
	PROJECT NO. 1-24-P87-01						
	Multi- Factor Authentication Technology						
4				Nature of	interest		
_	Name of Interested Party	City, State, Country (place of	business)	<u> </u>			
				Controlling	Intermediary		
				-			
5	Check only if there is NO Interested Party.						
6	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 correct	ct.					
	Executed inCount	v. State of	on the	day of	, 20 .		
				(month)			
		Signature of authorized agent (Declaran		ing business entity	<u> </u>		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are into Complete Nos. 1, 2, 3, 5, and 6 if there are				CE	OFFICE USI		
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business.					ficate Number: 1-1115046		
	SHI Government Solutions, Inc.				2022	-1113040		
	Austin, TX United States				04/0	Filed:		
2	Name of governmental entity or state a being filed.	agency that is a party to	the contract f	or which the form	is 01/2	3/2024		
	City of McAllen						:	
3	Provide the identification number used description of the services, goods, or				identify the c	ontract, and pro	vide a	
	PROJECT NO. 1-24-P87-01 Multi- Factor Authentication Technol	ogy						
4							of interest	
•	Name of Interested F	Party	City, State	e, Country (place	of business)	` '	eck applicable)	
						Controlling	Intermediary	
5	Check only if there is NO Interested Pa	arty.						
6	UNSWORN DECLARATION							
	My name isNatley Ravipati			, and my	date of birth is	01/24/198	35	
	My address is 3828 Pecana Tra	nil	,	Austin	, TX	78749	_,US	
	(stre	eet)		(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the	foregoing is true and cor	rect.					
	Executed in Travis	Cou	unty, State of _	TX	, on the $23 \mathrm{rd}$	day of Januar	ry , 20 <u>24</u> . (year)	
				TX Natley	Ravipar	ti	(your)	
			Signature	of authorized age Declara		g business entity		

FORM **1295**

					1011		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	_		
1	Name of business entity filing form, and the city, state and count	ry of the husiness entity's place		tificate Number:	OF FILING		
_	of business.	is of the business entity's place		24-1115391			
	MCCi, LLC						
	Tallahassee, FL United States			e Filed: 24/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/	24/2024			
	City of McAllen Date						
			01/24/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		ntify the	contract, and prov	vide a		
	PROJECT NO. 1-24-S14-01						
	PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTE	ENANCE RENEWAL					
1				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of b	usiness)				
				Controlling	Intermediary		
CI	PC MCCi Holding, LLC,	Tallahassee, FL United State	es	X			
_							
				+			
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my dat	e of birth	is			
	•						
	My address is	,		.,	,		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	/, State of, on	the	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of (Declarant)	contracti	ng business entity			

FORM **1295**

							1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.					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: 2024-1115391		
	MCCi, LLC				2024	-1115391	
	Tallahassee, FL United States				Date	Filed:	
2	Name of governmental entity or state agency that is a party	to the	contract for which the form	is	01/24	1/2024	
	being filed.				Data	Acknowledged:	
	City of McAllen				Date !	Ackilowieugeu.	
3	Provide the identification number used by the governmental description of the services, goods, or other property to be p			identify	the co	ontract, and pro	vide a
	PROJECT NO. 1-24-S14-01						
	PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MA	INTE	NANCE RENEWAL				
						Nature o	of interest
4	Name of Interested Party		City, State, Country (place	of busine	ess)		pplicable)
						Controlling	Intermediary
CI	PC MCCi Holding, LLC,		Tallahassee, FL United S	States		X	
5	Check only if there is NO Interested Party.	I					
6	UNSWORN DECLARATION						
	My name isEmery Jones		, and my	/ date of b	oirth is	August 2, 19	975
	My address is 316 Bethany Curve		Santa Cruz	CA	\ ,	95060	USA
	(street)		(city)	(sta	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	orrect.					
	Executed in Santa Cruz	ounty,	State of Californina	, on the _	24 _c	_{lay of} Januar	y_, ₂₀ 24
						(month)	(year)
			E-SIGNED by on 2024-01-24				
			Signature of authorized age	nt of cont			
			(Deciais	arit <i>j</i>			

FORM **1295**

\vdash						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1117042			
	Kubota Membrane USA		202	+-1111042		
	Bothell, WA United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	01/2	29/2024		
	being filed. City of McAllen, TX	Dat				
				29/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided		fy the c	ontract, and prov	∕ide a	
	1-24-P86-01 PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CART	FRIDGES				
4	1			Nature of		
•	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap		
\vdash				Controlling	Intermediary	
L						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	s		
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
			_	Ja., af	20	
	Executed inCounty	/, State of, on the	e	day of(month)	, 20 (year)	
		Signature of authorized agent of co	ontractin	ng business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	rties.				OFFICE USI	
1	Name of business entity filing form, and the city, state ar		ry of the business entity's	place	Certificate Number:		
	of business. Kubota Membrane USA				2024	-1117042	
	Bothell, WA United States				Date	Filed:	
2	Name of governmental entity or state agency that is a pa	arty to the	contract for which the for	rm is	01/29	9/2024	
	being filed. City of McAllen, TX				Date	Acknowledged:	!
	City of Michieff, 17						
3	Provide the identification number used by the governme description of the services, goods, or other property to be			or identify	the co	ontract, and pro	vide a
	1-24-P86-01						
	PURCHASE OF TWELVE (12) 50 PIECE MEMBRAN	IE CART	RIDGES				
4						Nature o	f interest
-	Name of Interested Party		City, State, Country (plac	e of busin	ess)		pplicable)
						Controlling	Intermediary
5	Check only if there is NO Interested Party. $\hfill \hfill \hfil$						
6	UNSWORN DECLARATION						
	My name is <u>Brian Codianne</u>		, and I	my date of	birth is	04/26/196	67
	My address is 17006 Blue Canyon CV		, Leander	, _ T	Χ	78641	USA .
	(street)		(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true ar	nd correct	i.				
	Executed in Travis	County	, State of TX	on the	29 .	lay of Janua	rv 20 24
	LACOULOU III	County	, otate of	, טוו נוופ _		(month)	(year)
		ير	Brian Codiann	<i>.a.</i>			
	-		Signature of authorized a	gent of con	racting	business entity	
			(Decl	arant)			

FORM **1295**

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1117408			
	TYMCO, Inc.		2027	+-III <i>14</i> 00	
	Waco, TX United States		Date	Filed:	
2		e contract for which the form is	01/2	9/2024	
	being filed.		Date	Acknowledged:	
	City of McAllen, TX			9/2024	
3	Provide the identification number used by the governmental enti-				/ide a
	description of the services, goods, or other property to be provided by the services and the services are services.	ded under the contract.			
	Project No. 01-24-P85-1 Sweeper One (1) TYMCO Model 600 Regenerative Air Sweep	inar			
4	ı			Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	,
<u> </u>		<u> </u>		Controlling	Intermediary
<u> </u>					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	f birth is	S	
	,				
	My address is	,,	,	·	,
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCounty	ty, State of, on the	(day of	, 20
				(month)	(year)
		Signature of authorized agent of con	ntractin	g business entity	

FORM 1295

_					
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	The second control of the second
1	Name of business entity filing form, and the city, state and countr of business.		Certificate Number: 2024-1117408		
	TYMCO, Inc.				
	Waco, TX United States			Filed: 9/2024	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	01/28	012024	
	City of McAllen, TX		Date	Acknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		the co	ontract, and prov	ride a
	Project No. 01-24-P85-1				
	Sweeper One (1) TYMCO Model 600 Regenerative Air Sweep	per			
	T			Nature of	interest
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
	-			Controlling	Intermediary
	5				
	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	Kenneth J. Young My name is	, and my date of	birth is	3/25/52	•
	My address is(street)	,,,,	TX,	76710	. USA .
	(street)	(city) (st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in McLennan County	, State of, on the	<u>29th</u>	day of January (month)	/_, 20 <u>24</u> . (year)
		KonnottJU	n		odaci Silvidi
		Signature of authorized agent of con-	tracting	usiness entity	
		(Deglarant)		/	

FORM **1295**

				1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE US			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. Municipal Emergency Services, Inc. Sandy Hook, CT United States	ificate Number: 4-1117208 : 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		01/29/2024 Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or ide description of the services, goods, or other property to be provided under the contract. 01-24-P84-01 PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONAL PROTECTIVE EQUIPMENT					
4	Name of Interested Party City, State, Country (place of b		Nature o	f interest		
			Controlling	Intermediary		
				:		
						
				- we amount		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date	e of birth is	5/16/1970	-		
	My address is	СТ	06482	USA		
	(street) (city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Fairfield County, State of Connecticut, on the County of County, State of Connecticut, on the County of County, State of Connecticut, on the County of County, State	the <u>29</u> c		, 20 <u>24</u>		
	Clare Ferrandino Notary Public, State of Connecticut My Commission Expires 06/30/2027 My Commission Expires 06/30/2027 My Commission Expires 06/30/2027		(month)	(year)		
X	My Commission Expires 06/30/2027 Ward Petric (Jan 29, 2024 14:12 EST) Ward Petric (Jan 29, 2024 14:12 EST) Signature of authorized agent of (Declarant)	contracting	g business entity	<u> </u>		
_	ms provided by Tayas Ethics Commission Syn Olisi ather atoms to us					

Commission Exp. Office ethics.state.tx.us

NO: 018669

FORM **1295**

					1011	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1117208			
	Municipal Emergency Services, Inc.		2022	+-1117200		
	Sandy Hook, CT 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		9/2024		
_	being filed.	e contract for which the form is				
	City of McAllen			Acknowledged: 9/2024		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		fy the c	ontract, and prov	vide a	
	01-24-P84-01					
	PROJECT NO. 01-24-P84-01 RESCUE/WIDLAND PERSONA	AL PROTECTIVE EQUIPMENT (COATS	& PANTS)- BU	YBOARD	
4	·			Nature of	f interest	
•	Name of Interested Party	City, State, Country (place of busi	iness)	(check ap	plicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth is	3		
	My address is	,,,	,		.,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of . on the	Э	day of	, 20 .	
		,		(month)	(year)	
		Signature of authorized agent of co	ntractin	g business entity		

FORM **1295**

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE (CERTIFICATION C			
Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2024-1117590			
Short Elliott Hendrickson, Inc.					
St. Paul, MN United States 2 Name of governmental entity or state agency that is a party to the	e contract for which the form is	Date Filed: 01/29/2024			
being filed.	e contract for which the form is				
CITY OF MCALLEN		Date Acknowledged:			
3 Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided.	ity or state agency to track or identify	the contract, and provide	de a		
PROJECT NO. 08-23-S63-124	ded under the contract.				
TERMINAL CAPACITY STUDY					
		Notion of:			
4 Name of Interested Party	City, State, Country (place of busine	Nature of i			
	City, Claire, Country (place of Euroni	, <u> </u>	Intermediary		
Ott, David	St. Paul, MN United States	Х			
Sannes, Scott	Duluth, MN United States	Х			
Bolf, Matt	Duluth, MN United States	X			
Jenniges, Randy	St. Cloud, MN United States	X			
Sprague, Jason	St. Paul, MN United States	X			
Sanford, Randy	St. Paul, MN United States	Х			
Wells, Paul	Denver, CO United States	X			
Schultes, Kristin	St. Paul, MN United States	X			
Wadhwa, Hemant	St. Paul, MN United States	Х			
5 Check only if there is NO Interested Party.					
6 UNSWORN DECLARATION					
Shawn McMahon My name is	, and my date of	1/21/197 birth is	'8 		
1158 Silverwood Bay My address is	, Woodbury M	N 55125			
(street)	(city) (st	tate) (zip code)	(country)		
I declare under penalty of perjury that the foregoing is true and correct	T				
. , , , , ,		an Jan	2.4		
Executed inCount	y, State of, on the _	day of	_, 20 <u>4</u>		
		(month)	(year)		
	Signature of authorized agent of conf	tracting business entity			
	(Declarant)				

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and count of business. Short Elliott Hendrickson, Inc. St. Paul, MN United States	Certificate Number: 2024-1117590 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	01/2	29/2024		
	CITY OF MCALLEN			e Acknowledged: 30/2024		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	contract, and prov	ride a			
	PROJECT NO. 08-23-S63-124 TERMINAL CAPACITY STUDY	aeu under the contract.				
4	Name of Internated Parts	City State County (place of bus	:>	Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap	Intermediary	
Ot	t, David	St. Paul, MN United States		×		
Sa	nnes, Scott	Duluth, MN United States		Х		
Вс	olf, Matt	Duluth, MN United States		X		
Je	nniges, Randy	St. Cloud, MN United States		X		
Sp	orague, Jason	St. Paul, MN United States		X		
Sa	inford, Randy	St. Paul, MN United States		X		
W	ells, Paul	Denver, CO United States		Х		
Sc	hultes, Kristin	St. Paul, MN United States		Х		
W	adhwa, Hemant	St. Paul, MN United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date o	of birth i	is	·	
	My address is(street)		(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCount	y, State of , on th	Э	day of	, 20 .	
				(month)		
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295**

_						
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1124701			
	GALINDO AUCTIONSLLC		2027	F-1124701		
	Mission, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/1	5/2024		
	being filed.			* - !! - dec d.		
	City of McAllen			Acknowledged: 6/2024		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the co	ontract, and prov	/ide a	
	09-23-S10-54					
	PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PR	ROFESSIONAL AUCTIONEERING	3 SER	VICES		
4				Nature of		
-	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable)	
L				Controlling	Intermediary	
5	Check only if there is NO Interested Party. $\overline{\hspace{1cm} \hspace{1cm} \hspace{1cm} \hspace{1cm}}$					
6	UNSWORN DECLARATION					
	My name is	, and my date of	f birth is	3		
	My address is		,		.,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	et.				
	Executed inCounty	y, State of, on the	(day of		
				(month)	(year)	
		Signature of authorized agent of con (Declarant)	ntracting	g business entity		

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			FFICE USE	
1	Name of business entity filing form, and the city, state and country of the business e of business.			ate Number: 124701	1
	GALINDO AUCTIONSLLC			and the second section of the section of the second section of the section of the second section of the	
	Mission, TX United States		Date Fil		
2	Name of governmental entity or state agency that is a party to the contract for which	n the form is	02/15/2	2024	ſ
	being filed. City of McAllen		Date Ac	cknowledged:	
3	Provide the identification number used by the governmental entity or state agency to description of the services, goods, or other property to be provided under the contra	o track or identify a act.	the con	tract, and prov	ride a
	09-23-S10-54				
	PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AL	UCTIONEERING	SERVI	CES	
		4 , 1		Nature of	interest
4	Name of Interested Party City, State, Country	try (place of busine	ess)	(check ap	
				Controlling	Intermediary
-					
-					
-					
_					
L					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			77	
	My name is Ismgel Galindo	, and my date of t	oirth is _	9121-	19
	My address is 11437 N. Glasscock Pd., MSS (city)		<u>(</u> ,,	18573 (zip code)	Country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	HC L L	CS, on the	[5] da	y of Feb	_,20 24
		. / //	1	(month)	(year)
	Con /	8/1		** -	<u> </u>
	Signature of auth	orized agent of cont (Declarant)	tracting I	business entity	

FORM **1295**

1 of 1

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING						
1	Name of business entity filing form, and the city, state and count	ne of business entity filing form, and the city, state and country of the business entity's place						
	of business.		2024	1-1125270				
	METRO FIRE APPARATUS SPECIALISTS, INC HOUSTON , TX United States		Date	Filed:				
^	Name of governmental entity or state agency that is a party to th	e contract for which the form is		9/2024				
Z	being filed.	c contract for which the form is	1					
	City of McAllen			Acknowledged: 9/2024				
					ida a			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track or identification dentification dentification and the contract.	y tne c	ontract, and prov	/ide a			
	PROJECT # 02-24-P35-01 FIRE DEPARTMENT PUMPER TRUCK							
_				Nature of	finterest			
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap				
				Controlling	Intermediary			
RI	JSSELL, CRAIG N.	HOUSTON, TX United States		Х				
					n			
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date o	f birth is	s				
	Aby address is							
	My address is(street)	(city)	state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed inCount	y, State of, on the		day of	, 20			
		-		(month)	(year)			
		Signature of authorized agent of co	ntractin	ng business entity				
	(Declarant)							

www.ethics.state.tx.us

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business. METRO FIRE APPARATUS SPECIALISTS, INC HOUSTON, TX United States	try of the business entity's place	2024 Date	ficate Number: 4-1125270 Filed:		
2	Name of governmental entity or state agency that is a party to th being filed. City of McAllen	e contract for which the form is		tte Acknowledged:		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided PROJECT # 02-24-P35-01 FIRE DEPARTMENT PUMPER TRUCK	ity or state agency to track or identify ded under the contract.	, the co			
4	Name of Interested Party	City, State, Country (place of busin	iess)	Nature of (check ap Controlling		
RI	USSELL, CRAIG N.	HOUSTON, TX United States		Х		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is MONICA INGRAM	, and my date of	birth is	10/03/1979		
	My address is 17350 STATE HWY 249 STE 250 (street)	(city), T	X tate)	77064 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in HARRIS County	y, State of TEXAS, on the 1	<u> 9th</u> d	lay of FEB (month)	, 20 <u>24</u> . (year)	
	Mor	DN: cn=Mo	nica Ingra Inc, ou=M	lonica Ingram nm, o=Metro Fire Apparat IFAS, email=mingram@n I大姆名ip像S entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2024-1125310			
	\$1.50 CLEANERS		202	.4-1125510	ſ	
	MCALLEN TEXAS 78504, TX United States		Date	e Filed:	ſ	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	19/2024	ſ	
	being filed. CITY OF MCALLEN		Date	e Acknowledged:	ſ	
	CITY OF MCALLEN	02				
3	Provide the identification number used by the governmental enti	ity or state agency to track or ide	entify the	contract, and prov	∕ide a	
	description of the services, goods, or other property to be provided	ded under the contract.				
	09-23-S76-94					
	DRY CLEANING & LAUNRY SERVICES					
4	·			Nature of	interest	
-	Name of Interested Party	City, State, Country (place of b	ousiness)	<u> </u>		
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth	is	·	
	Moradhara					
	My address is(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.				
	Executed inCounty	v. State of	n the	day of	. 20 .	
		,,,, , 		(month)	(year)	
		Signature of authorized agent of (Declarant)		ng business entity		

FORM **1295**

					1 of 1
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE	
1	Name of business entity filing form, and the city, state and country of the business ent of business.	ity's place	Certifi	TIFICATION cate Number: 1125310	OF FILING
	\$1.50 CLEANERS MCALLEN TEXAS 78504, TX United States		Date F		
2	Name of governmental entity or state agency that is a party to the contract for which the	ne form is		/2024	
	being filed. CITY OF MCALLEN		Date A	Acknowledged:	
3	Provide the identification number used by the governmental entity or state agency to to description of the services, goods, or other property to be provided under the contract 09-23-S76-94 DRY CLEANING & LAUNRY SERVICES		the co	ntract, and prov	vide a
4	Name of Interested Party City, State, Country	(alasa of buoim	200)	Nature of	
	Name of Interested Party City, State, Country	(place of busin	ess)	Controlling	Intermediary
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			0.16	2.)
	My name is Felipe Hula	and my date of	birth is	8-26	
	My name is Felipe Avila My address is 1001 D Noicna MCH (street) (city)	<u>len</u> , <u>(s</u>	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in	, on the	<u>Ol</u>	day of(, 20 <u>24</u> .
		1		(month)	
	Signature of author	ized agent of co (Declarant)	ntracting	g business entity	

FORM **1295**

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	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE	
1	Name of business entity filing form, and the city, state and count of business.	ificate Number: 4-1124786			
	Lonestar Freightliner Group, LLC dba Lonestar Truck Group \	Waco	2024	t-1124 / OU	
	Waco, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to th being filed.	ie contract for which the form is	02/1	6/2024	
	CITY OF MCALLEN			Acknowledged: 0/2024	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		y the c	ontract, and prov	/ide a
	01-24-P31-01 TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BF	RUSH DEPT. (TIPS)			
4				Nature of	
	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	plicable) Intermediary
				Controlling	IIILEI IIIEUiai y
<u> </u>					
					<u> </u>
_					
<u> </u>					
_					<u> </u>
					<u> </u>
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date o	f birth is	5	
	My address is	,,,	,		.,
	(street)	(city) (s	state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed inCount	y, State of, on the	;	day of(month)	
				(montn)	(year)
		Signature of authorized agent of cor (Declarant)	 ntractin	g business entity	

FORM 1295

				1011
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE US CERTIFICATION	
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1124786		
	Lonestar Freightliner Group, LLC dba Lonestar Truck Group \ Waco, TX United States	Vaco	Date Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is	02/16/2024	
	being filed. CITY OF MCALLEN		Date Acknowledged	:
3	Provide the identification number used by the governmental entidescription of the services, goods, or other property to be provided by the governmental entidescription of the services.	ity or state agency to track or identify ded under the contract.	the contract, and pro	vide a
	01-24-P31-01 TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BF	RUSH DEPT. (TIPS)		
4	Name of Interested Party	City State County / place of husin	100,000,000,000	of interest
	Name of interested Party	City, State, Country (place of busine	Controlling	pplicable) Intermediary
5	Check only if there is NO Interested Party.			
6	UNSWORN DECLARATION			
	My name isJason Wade	, and my date of b	birth is <u>03/16/1972</u>	
	My address is430 S Main St(street)	, _Georgetown, _TX, (city), (sta	, 78626 ate) (zip code)	_, _USA
	I declare under penalty of perjury that the foregoing is true and correct	# 1973 W	o 25 5	130 1330
	and the first the little of the filless of the state of t		16	24
	Executed in Williamson County	, State of TX , on the _	day of Feb (month)	, 20 <u>24</u> . (year)
		ffely -		
		Signature of authorized agent of conti (Declarant)	racting business entity	

FORM **1295**

⊢								
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. OFFICE USE ONLY CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1125867					
	MOR-WIL, LLC			,				
	MISSION, TX, TX United States			Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/2	0/2024				
	being filed.		Date	Acknowledged:				
	City of McAllen			0/2024				
Ŀ	Provide the identification number used by the governmental and	ity or state agency to treel or identify			iido a			
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		r une c	ontract, and prov	riue a			
l	PROJECT NO. 10-23-C02-667	VATED DUMP CTATION IMPROVE	N 4 11 N 1 T	rcâ				
	âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMW.	ATER PUMP STATION IMPROVE	ıvı⊏íN İ	ısa				
_				Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)			
L				Controlling	Intermediary			
Г								
\vdash								
\vdash								
L								
\vdash								
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)		tate)	(zip code)	(country)			
			•	-				
	I declare under penalty of perjury that the foregoing is true and correc	pt.						
	Executed inCounty	y, State of, on the			, 20			
				(month)	(year)			
	<u></u>							
		Signature of authorized agent of con (Declarant)	tractin	g business entity	_			

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		i	OFFICE USE		
Name of business entity filing form, and the city, state and country of the business entity's place of business.				Certificate Number: 2024-1125867		
	MOR-WIL, LLC		2024	-1123007		
	MISSION, TX, 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	02/20	0/2024		
	City of McAllen		Date	Acknowledged:	1	
_						
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		the co	ontract, and pro	vide a	
	PROJECT NO. 10-23-C02-667			22		
	âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMW.	ATER PUMP STATION IMPROVE	MENT	Sa 		
4	Name of Interested Party	City, State, Country (place of busin	066)	20000000000000000000000000000000000000	f interest oplicable)	
	Name of Interested Party	City, State, Country (place of busin	ess)	Controlling	Intermediary	
				- Controlling	income dia s	
-						
_			-			
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Albert Garza	, and my date of	birth is	10/14/1977	i	
	My address is 22394 W. US Hwy 281	San Benito TX	Κ .	78586	USA	
	(street)	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	rt.				
	Executed in Hidalgo County	y, State of Texas, on the	20_			
		۸		(month)	(year)	
		H. cara				
		Signature of authorized agent of con (Declarant)	tracting	g business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	CE	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2024-1124798					
	AQUATIC DESIGN & ENGINEERING, INC.						
_	Orlando, FL United States	a a a mara at face collected that face is		e Filed: 16/2024			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/1	-0/2024			
	The City of McAllen Texas McAllen City Commission		Date Acknowledged: 02/21/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		y the c	contract, and prov	/ide a		
	Proj No 02-24-NBI35-01 Design & Engineering of Aquatic Features and Aquatic Leisur	re Destination of Boeye Reservoir	Develo	opment			
4				Nature of			
-	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap			
				Controlling	Intermediary		
Ma	artin, Joshua	Orlando, FL United States		X			
Ma	artin, Kenneth	Orlando, FL United States		Х			
Ma	artin, Patricia	Orlando, FL United States		Х			
Ma	artin, Kerry L.G.	Orlando, FL United States		Х			
W	einbaum, Michael	Orlando, FL United States		X			
Br	aswell, William	Orlando, FL United States		×			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date c	f birth i	S			
	My address is		,	,	,·		
	(street)	(city)	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCount	y, State of, on the	;	_day of	, 20		
				(month)	(year)		
		Signature of authorized agent of co	 ntractir	ng business entity			

FORM **1295**

_						
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE ONLY CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2024-1124798		
	AQUATIC DESIGN & ENGINEERING, INC.					
2	Orlando, FL United States Name of governmental entity or state agency that is a party to the	e contract for which the form is		Filed: 6/2024		
_	being filed.	e contract for which the form is		A . l		
	The City of McAllen Texas McAllen City Commission		Date	Acknowledged:		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	∕ide a	
	Proj No 02-24-NBI35-01 Design & Engineering of Aquatic Features and Aquatic Leisure	re Destination of Boeye Reservoir D	evelo	pment		
4		Site State Security (place of busine	\		f interest	
	Name of Interested Party	City, State, Country (place of busine	essj	(check ap	Intermediary	
Ma	artin, Joshua	Orlando, FL United States		Х		
Ma	artin, Kenneth	Orlando, FL United States		Х		
Martin, Patricia		Orlando, FL United States		×		
Martin, Kerry L.G.		Orlando, FL United States		Х		
Weinbaum, Michael		Orlando, FL United States		Х		
Braswell, William		Orlando, FL United States X				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION			,	,	
	My name is JOSHUA M. MARTIN	, and my date of	birth is	08/09	83	
	My address is 1000 SWEETBRIAR RD (street)	ORLANDO FI	ate)	32806 (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in OPAN GE County	y, State of FLORIDA, on the	210	day of <u>FEB</u> (month)	, 20 24 . (year)	
		- many management	The say in		•	
		Signature of authorized agent of cont	tracting	n husiness entity);	
		(Declarant)	., 14011116	Judiness Chilly		

FORM **1295**

						1 of 1		
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE			
of business. TEDSI Infrastructure Group, Inc.			2024-:	ertificate Number: 024-1126284 ate Filed:				
2	Name of governmental entity or state agency that is a party to the being filed. City of McAllen, Texas	e contract for which th	ne form is	02/21/2024 Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 02-24-S23-01 PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTSEN ROAD WIDENING							
4	Name of Interested Party	City, State, Country	(place of busin	ess)	Nature of (check ap			
Bı	ight, Paul	Houston, TX Unite	d States		Х			
М	orris, Jr., Jules	Houston, TX Unite	d States		×			
Si	alinas, Jesus	Mission, TX United	d States		Х			
			-20					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION				40/04/405	_		
	My name is Jesus Salinas		and my date of	birth is	12/24/195	<u>/</u>		
	My address is 2111 Scout Lane (street)	, <u>Mission</u> (city)	, <u>T</u> , (s	X, _ tate)	78572 (zip code)	, USA . (country)		
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed in Hidalgo Count	ty, State of Texas			(month)	(year)		
L		Signature of autilon	(Declarant)	ia acang	, Duanicaa endly			

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Cert	ificate Number:		
	TEDSI Infrastructure Group, Inc.	2024	2024-1126284			
	Mission, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/2	21/2024		
	City of McAllen, Texas			Acknowledged: 2/2024		
3	Provide the identification number used by the governmental ent	ity or state agency to track or ident	ify the c	contract, and prov	ride a	
-	description of the services, goods, or other property to be provided as a service of the services.	ded under the contract.		-		
	02-24-S23-01 PROJECT NO. 02-24-S23-01 TRAFFIC STUDY FOR BENTS	SEN ROAD WIDENING				
4				Nature of		
	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
_		Haviston TV United Ctates		Controlling	Intermediary	
Br	ight, Paul	Houston, TX United States		X		
M	orris, Jr., Jules	Houston, TX United States		Х		
Sa	ılinas, Jesus	Mission, TX United States		X		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
		and my data	of birth :	_		
	My name is	, and my date	OI DII II I	S		
	My address is		,		,·	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCount	y, State of, on the	ie			
				(month)	(year)	
		Signature of authorized agent of c	ontractin	ng business entity		
		(Deciarant)				

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 filling form, and the city, state and count of business.	filing form, and the city, state and country of the business entity's place				Certificate Number:			
	Rangeline Utility Services, LLC			2024	-1127592				
	Haslet , TX United States			Date	Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the for	m is	02/23	3/2024				
	being filed.								
	City of McAllen				Date Acknowledged: 02/26/2024				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ity or state agency to track of ded under the contract.	or identify	the co	ontract, and prov	vide a			
	02-24-C10-01								
	Emergency Repair & Replacement of Transmission Water Lin	nes							
4					Nature of				
	Name of Interested Party	City, State, Country (place	e of busine	ess)	(check ap				
					Controlling	Intermediary			
	-								
		<u> </u>							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
	My name is	, and r	my date of t	oirth is		·			
	My address is(street)	(city)	,,(sta	, ate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correc	ot.							
	Executed inCounty		, on the	d	day of	, 20 .			
		<u> </u>	,		(month)	, <u></u>			
	Signature of authorized agent of contracting business entity (Declarant)								

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of business. Rangeline Utility Services, LLC Haslet, TX United States	of the business entity's place	202	Certificate Number: 2024-1127592 Date Filed:		
2	Name of governmental entity or state agency that is a party to the c being filed. City of McAllen		02/23/2024 Date Acknowledged:			
3	Provide the identification number used by the governmental entity of description of the services, goods, or other property to be provided 02-24-C10-01. Emergency Repair & Replacement of Transmission Water Lines	under the contract.	entify the	contract, and pro	vide a	
4	Name of Interested Party C	ity, State, Country (place of b	usiness)	Nature o (check ap Controlling		
				Controlling	71.00.11	
-		***************************************				
5	Check only if there is NO Interested Party.					
5	UNSWORN DECLARATION					
	My name is Chris Campbell			is 5/22/	1990	
	My address is 3926 FM 455 (street)	, Sanger , city)	(state)	(zip code)	, <u>USA</u> . (country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Tavan + County, S	itate of TX, on	the <u>26</u>	day of <u>Februar</u> (month)	7 20 <u>24</u> . (year)	
		Signature of authorized agent of	contractin	ng business entity		
		(Declarant)		.g 500,,000 01,11ty		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE			
1	Name of business entity filing form, and the city, state and count of business.	rry of the business entity's place		ificate Number: 4-1128010			
	Perez Consulting Engineers, LLC		202-	+-1170010			
	McAllen, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	02/20	26/2024			
	City of McAllen			Date Acknowledged: 02/27/2024			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the c	ontract, and prov	ride a		
	Project No. 02-24-S24-01						
	Subdivision Plat for Quinta Mazatlan						
4				Nature of	interest		
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap			
				Controlling	Intermediary		
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date o	of birth is	s	·		
	My address is						
	(street)		(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed inCounty	y, State of, on th	e				
				(month)	(year)		
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		li li	CEF	OFFICE USI	
1	of business.			Certificate Number: 2024-1128010		
	Perez Consulting Engineers, LLC McAllen, TX United States			Date	Filed:	
2	Name of governmental entity or state agency that is a party to th	e contract for which t	he form is		6/2024	
	being filed. City of McAllen			Date	Acknowledged:	
					_	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided	ty or state agency to t led under the contrac	track or identify t.	the co	ontract, and pro	vide a
	Project No. 02-24-S24-01					
	Subdivision Plat for Quinta Mazatlan					
4						f interest
	Name of Interested Party	City, State, Country	(place of busine	ss)		oplicable)
				\dashv	Controlling	Intermediary
				_		
_				\dashv		
				\dashv		
		•		\dashv		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION				2	
	My name is <u>J. David Perez, P.F.</u>	, ;	and my date of bi	rth is _	04/22/1969	·
	My address is 808 Dallas Ave.	,McAllen	, <u>TX</u>		78501	, <u>USA</u> .
	(street)	(city)	(stat	e)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in HIDALGOCounty,	State ofTexas	, on the <u>26</u>	<u>sth</u> da		200
	1	\	1		(month)	(year)
		\				
		Signature of authorize	ed agent of contra	cting I	ousiness entity	
		1 2	Deciarant)	1		

FORM **1295**

_							
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. 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: 2024-1129742			
	Chemical Containers, Inc. Lake Wales, FL United States			Filed:			
2	Name of governmental entity or state agency that is a party to the	contract for which the form is		9/2024			
	being filed. City of McAllen		Date	Acknowledged:			
	City of Michigan						
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided	y or state agency to track or identify ed under the contract.	the co	ontract, and pro	vide a		
	11-23-P23-95 PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURF	RENT MODEL HERBICIDE TRUCK	<s< td=""><td></td><td></td></s<>				
4					f interest		
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	plicable) Intermediary		
				Controlling	intermediary		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION			757			
	My name is, and my date of birth is						
	My address is 413 ABC RD.	, LAKE WALES , FR	. 77	33859 (zip code)	, USA (country)		
	I declare under penalty of perjury that the foregoing is true and correct.	, ,,		, , ,			
		State of FLORIDA, on the	24 a	lov of EFB	. 20 24		
	County,	on the	<u> r</u> u	(month)	(year)		
		al N2	•				
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	try of the business entity's place	Certificate Number: 2024-1129742			
	Chemical Containers, Inc.		2027	F-1123142		
	Lake Wales, FL United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	02/29	9/2024		
	being filed.		Date	Acknowledged:		
	City of McAllen		02/29/2024			
_	Provide the identification number used by the governmental entit	ity or state agency to track or identify			rido a	
3	description of the services, goods, or other property to be provide		/ uie o	onnaci, and prov	nue a	
	11-23-P23-95 PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CUR	PDENT MODEL HERRICIDE TRUC	١KS			
		RENT WODEL HERDIOIDE 11.00	,NJ			
4	1			Nature of		
•	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap	,	
_				Controlling	Intermediary	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	S		
	My address is	,	,		.,	
	(street)	(city) (s	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ot.				
	Executed inCounty	y, State of, on the	(day of	, 20	
				(month)	(year)	
		Signature of authorized agent of con	ntracting	g business entity		

FORM **1295**

	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and count of business.	ry of the bu	siness entity's place		ficate Number: -1130010		
	Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.			2024	-1130010		
_	McAllen, TX United States				Filed: 9/2024		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract f	or which the form is	02/23	912024		
	City of McAllen			Date Acknowledged:			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.	ty or state a led under th	gency to track or identify ne contract.	the co	ontract, and pro	vide a	
	Project 02-24-S31 WA#4 - Champion Lakes Silt Remediate Professional Engineering Services	tion					
4	Name of Interested Posts	City State	Country (place of busin		Nature of interest (check applicable)		
	Name of Interested Party	City, State	e, Country (place of busin	essy	Controlling	Intermediary	
						,,	
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is Alfonso A. Gonzalez	and my date of birth is July 2, 1966					
	My address is117 W Upas Avenue		McAllen , T		78501	, <u>U.S.</u>	
	(street)		(city) (si	ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.					
	Executed in Hidalgo County	/, State of _	Texas, on the	<u>29</u> c	day of <u>Februa</u>		
		0 -			(month)	(year)	
			larcia Appia Civil Infrastruct			ers, L.L.C.	
			y: Alfonso A, Gonzalez, P.E of authorized agent of con				
		Jigijatule	(Declarant)	aciii il	, Judiniedd Enuly		

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.	business entity filing form, and the city, state and country of the business entity's place					
	Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.			2024-	1130010		
	McAllen, TX United States			Date F			
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the fo	rm is	02/29/	12024		
	City of McAllen			Date Acknowledged: 02/29/2024			
3	Provide the identification number used by the governmental entit	v or state agency to track	or identify	the co	ntract. and prov	ride a	
3	description of the services, goods, or other property to be provided						
	Project 02-24-S31 WA#4						
	Professional Engineering Services						
4					Nature of		
	Name of Interested Party	City, State, Country (plac	e of busine	:ss)	(check ap		
				-+	Controlling	Intermediary	
				\dashv			
				_			
				_			
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and	my date of b	oirth is ₋		·	
	Mir address 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		on the	٨,	ay of	20	
	County	, Glate OI	, on the _	ua	(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)						

FORM **1295**

Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. Certificate Number: 024-1129173	1011			
of business. \$ILSBEE FORD \$ILSBEE, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN 2 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. PROJECT NO. 11-23-P16-103 NEW CURRENT MODEL POLICE PKG, VEHICLES 4 Name of Interested Party City, State, Country (place of business) ONALSON, DREW SILSBEE, TX United States X Nature of interested Party City, State, Country (place of business) ONALSON, DREW SILSBEE, TX United States X ONALSON, DREW Check only if there is NO Interested Party. GUNSWORN DECLARATION My name is	OFFICE USE ONLY CERTIFICATION OF FILING			
SILSBEE, TX United States 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filled. CITY OF MCALLEN 3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide description of the services, goods, or other property to be provided under the contract. PROJECT NO. 11-23-P16-103 NEW CURRENT MODEL POLICE PKG. VEHICLES 4 Name of Interested Party City, State, Country (place of business) Controlling Interested Date of Controlling Interested Party SILSBEE, TX United States X Check only if there is NO Interested Party. 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is				
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SILSBEE, TX United States X SILSBEE, TX United States SIL				
5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION My name is	ntermediary			
6 UNSWORN DECLARATION My name is				
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My name is, and my date of birth is, and my date of birth is, (city) (city) (state) (zip code) (city) I declare under penalty of perjury that the foregoing is true and correct. Executed in County, State of, on theday of, 2 (month)				
6 UNSWORN DECLARATION My name is				
6 UNSWORN DECLARATION My name is				
6 UNSWORN DECLARATION My name is				
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6 UNSWORN DECLARATION My name is				
My address is				
My address is				
(street) (city) (state) (zip code) (city) I declare under penalty of perjury that the foregoing is true and correct. Executed inCounty, State of, on theday of, 2 (month)	 ,			
(street) (city) (state) (zip code) (city) I declare under penalty of perjury that the foregoing is true and correct. Executed inCounty, State of, on theday of, 2 (month)	 -			
Executed inCounty, State of, on theday of, 2 (month)	(country)			
(month)				
(month)	, 20			
Signature of authorized agent of contracting business entity	(year)			
(Declarant)				

FORM **1295**

				1 of 1			
Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		OFFICE USE ONLY CERTIFICATION OF FILING					
Name of business entity filing form, and the city, state and co of business. SILSBEE FORD SILSBEE, TX United States	untry of the business entity's place	2024-	Certificate Number: 2024-1129173				
Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN			Date Filed: 02/28/2024 Date Acknowledged;				
	description of the services, goods, or other property to be provided under the contract. PROJECT NO. 11-23-P16-103						
4 Name of Interested Party	City, State, Country (place of busin	ness)	Nature of (check ap Controlling				
DONALSON, DREW	SILSBEE, TX United States		X				
		-					
5 Check only if there is NO Interested Party.			·				
My name is A. G. On Angelle	and my date of	birth is	3/21	1 58			
My address is 1211 U.S. Hough	Silsberg T	tate)	77656 (zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and continuous true and	unty, State of, on the	<u> </u>	ay of(month)				
Signature of authorized agent of contracting business entity							

FORM **1295**

					1 of 1	
	Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CE	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business. GRAPEVINE DCJ, LLC GRAPEVINE, TX United States	202	Certificate Number: 2024-1129067			
2	Name of governmental entity or state agency that is a party to the being filed. CITY OF MCALLEN					
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provided in 11-23-P16-103 PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICION	ded under the contract.	identify the	contract, and prov	vide a	
4	Name of Interested Party	City, State, Country (place o	f business)	Nature of (check ap		
В	JEHLMAN, BRANDON	GRAPEVINE, TX United	States	X	Into modia.y	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	is	·			
	My address is(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,	on the			
				(month)	(year)	
		Signature of authorized agen (Declarar		ng business entity		

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. **CERTIFICATION OF FILING** 1 Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2024-1129067 GRAPEVINE DCJ, LLC GRAPEVINE, TX United States Date Filed: 02/28/2024 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. CITY OF MCALLEN Date Acknowledged: Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. 11-23-P16-103 PURCHASE OF FOUR (4) NEW CURRENT MODEL POLICE PACKAGED VEHICLES Nature of interest Name of Interested Party City, State, Country (place of business) (check applicable) Controlling Intermediary **BUEHLMAN, BRANDON** GRAPEVINE, TX United States Х 5 Check only if there is NO Interested Party. **6 UNSWORN DECLARATION** ______, and my date of birth is Σ - 0 ~ [9 Σ 8 .

I declare under penalty of perjury that the foregoing is true and correct. County, State of Texa, on the 28 day of February Signature of authorized agent of contracting business entity (Declarant) www.ethics.state.tx.us Version V3.5.1.9000c47f

Executed in _