DocuSign Envelope ID: 8FF790D0-86BC-4D6A-8BE1-CD8A3C3F0D76

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1109844

**Date Filed:**
01/09/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Wastequip Manufacturing Company LLC
Statesville, NC United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 1-24-P-82-01 DUMPS
Waste Handling Equipment

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Laura P Hubbard, and my date of birth is [redacted].

My address is 841 Meacham Road (street), Statesville (city), NC (state), 28677 (zip code), USA (country).

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

Executed in Iredell County, State of NC, on the 9 day of January (month), 20 24 (year).

DocuSigned by:
Laura Hubbard
834FF567BB...
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1109844

**Date Filed:**
01/09/2024

**Date Acknowledged:**
01/09/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Wastequip Manufacturing Company LLC
Statesville, NC United States

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

City of McAllen

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

PROJECT NO. 1-24-P-82-01 DUMPS
Waste Handling Equipment

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1112441

**Date Filed:**
01/16/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Randall Reed's Planet Ford 635
GARLAND, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 11-23-P20-133
PURCHASE OF THIRTY-THREE (33) NEW CURRENT MODEL VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Sarac, Admir | GARLAND, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 3601 S Shiloh Rd (street), Garland (city), Tx (state), 75041 (zip code), USA (country).

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

Executed in Dallas County, State of Texas, on the 10th day of January (month), 2024 (year).

Admir Sarac
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1112441

**Date Filed:**
01/16/2024

**Date Acknowledged:**
01/16/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Randall Reed's Planet Ford 635
GARLAND, TX United States

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

City of McAllen

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

PROJECT NO. 11-23-P20-133
PURCHASE OF THIRTY-THREE (33) NEW CURRENT MODEL VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Sarac, Admir | GARLAND, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1113386

**Date Filed:**
01/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
SILSBEE FORD
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 filed.**
CITY OF MCALLEN

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 11-23-P20-133
PURCHASE OF 33 NEW CURRENT MODEL VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON, DREW | SILSBEE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is A. Glen Angelle, and my date of birth is [redacted]

My address is 1211 U.S. Hwy 96 N, Silsbee, TX, 77656, US.
(street) (city) (state) (zip code) (country)

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

Executed in Hardin County, State of TX, on the 18 day of 1 (month), 2024 (year).

A. Glen Angelle
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1113386

**Date Filed:**
01/18/2024

**Date Acknowledged:**
01/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SILSBEE FORD
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 filed.**

CITY OF MCALLEN

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

PROJECT NO. 11-23-P20-133
PURCHASE OF 33 NEW CURRENT MODEL VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON, DREW | SILSBEE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2023-1006208

**Date Filed:**
04/12/2023

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Sechrist-Hall Company
Harlingen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
02-23-C25-446
Roofing

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| McBride, Bill | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is J. Carlos Coronado, and my date of birth is [redacted].

My address is P O Box 2347 (street), Harlingen (city), TX (state), 78551 (zip code), USA (country).

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

Executed in Cameron County, State of Texas, on the 13th day of April (month), 2023 (year).

J. Carlos Coronado
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2023-1006208

**Date Filed:**
04/12/2023

**Date Acknowledged:**
01/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Sechrist-Hall Company
Harlingen, TX United States

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

City of McAllen

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

02-23-C25-446
Roofing

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| McBride, Bill | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115182

**Date Filed:**
01/23/2024

**Date Acknowledged:**
01/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

B2Z Engineering, LLC
Mission, TX United States

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

City of McAllen

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

PROJECT NO. 01-24-S13-01
CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIDENING FROM 2ND STREET TO JACKSON AVE (FM 2061)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Gonzalez, Aisha | Mission , TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115182

**Date Filed:**
01/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
B2Z Engineering, LLC
Mission, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 01-24-S13-01
CIVIL ENGINEERING SERVICES FOR YUMA AVENUE WIDENING FROM 2ND STREET TO JACKSON AVE (FM 2061)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Gonzalez, Aisha | Mission , TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Aisha Gonzalez, and my date of birth is [redacted].

My address is 900 S. Stewart Road, Suite 4 (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 23rd day of January (month), 2024 (year).

Aisha Gonzalez

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115046

**Date Filed:**
01/23/2024

**Date Acknowledged:**
01/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SHI Government Solutions, Inc.
Austin, TX United States

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

City of McAllen

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

PROJECT NO. 1-24-P87-01
Multi- Factor Authentication Technology

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115046

**Date Filed:**
01/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SHI Government Solutions, Inc.
Austin, TX United States

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

City of McAllen

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

PROJECT NO. 1-24-P87-01
Multi- Factor Authentication Technology

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Natley Ravipati, and my date of birth is [redacted].

My address is 3828 Pecana Trail (street), Austin (city), TX (state), 78749 (zip code), US (country).

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

Executed in Travis County, State of TX, on the 23rd day of January (month), 2024 (year).

Natley Ravipati

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115391

**Date Filed:**
01/24/2024

**Date Acknowledged:**
01/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

MCCi, LLC
Tallahassee, FL United States

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

City of McAllen

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

PROJECT NO. 1-24-S14-01
PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTENANCE RENEWAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| CPC MCCi Holding, LLC, | Tallahassee, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1115391

**Date Filed:**
01/24/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
MCCi, LLC
Tallahassee, FL United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 1-24-S14-01
PROJECT NO. 1-24-S14-01 LASERFICHE ANNUAL MAINTENANCE RENEWAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| CPC MCCi Holding, LLC, | Tallahassee, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Emery Jones, and my date of birth is [redacted].

My address is 316 Bethany Curve (street), Santa Cruz (city), CA (state), 95060 (zip code), USA (country).

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

Executed in Santa Cruz County, State of Californina, on the 24 day of January (month), 2024 (year).

E-SIGNED by Emery Jones
on 2024-01-24 16:08:38 GMT

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117042

**Date Filed:**
01/29/2024

**Date Acknowledged:**
01/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Kubota Membrane USA
Bothell, WA 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, TX

**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.**

1-24-P86-01
PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CARTRIDGES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117042

**Date Filed:**
01/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Kubota Membrane USA
Bothell, WA 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, TX

**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.**

1-24-P86-01
PURCHASE OF TWELVE (12) 50 PIECE MEMBRANE CARTRIDGES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Brian Codianne, and my date of birth is [redacted].

My address is 17006 Blue Canyon CV (street), Leander (city), TX (state), 78641 (zip code), USA (country).

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

Executed in Travis County, State of TX, on the 29 day of January (month), 20 24 (year).

Brian Codianne
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117408

**Date Filed:**
01/29/2024

**Date Acknowledged:**
01/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TYMCO, Inc.
Waco, 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, TX

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

Project No. 01-24-P85-1
Sweeper One (1) TYMCO Model 600 Regenerative Air Sweeper

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117408

**Date Filed:**
01/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TYMCO, Inc.
Waco, 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, TX

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

Project No. 01-24-P85-1
Sweeper One (1) TYMCO Model 600 Regenerative Air Sweeper

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Kenneth J. Young, and my date of birth is [redacted].

My address is 3108 Woodlake (street), Waco (city), TX (state), 76710 (zip code), USA (country).

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

Executed in McLennan County, State of Texas, on the 29th day of January (month), 2024 (year).

Kenneth J Young

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117208

**Date Filed:**
01/29/2024

**Date Acknowledged:**

**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

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

City of McAllen

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a 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 (COATS & PANTS)- BUYBOARD

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Ward Petrie, and my date of birth is [redacted].

My address is 12 Turnberry Ln 2nd Floor (street), Sandy Hook (city), CT (state), 06482 (zip code), USA (country).

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

Executed in Fairfield County, State of Connecticut, on the 29 day of January (month), 2024 (year).

Ward Petrie
Ward Petrie (Jan 29, 2024 14:12 EST)
Signature of authorized agent of contracting business entity
(Declarant)

Clare Ferrandino
Notary Public, State of Connecticut
My Commission Expires 06/30/2027

CLARE FERRANDINO NOTARY PUBLIC MY COMM. EXP. 06/30/2027 CONNECTICUT

Notary No.: 01866669

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117208

**Date Filed:**
01/29/2024

**Date Acknowledged:**
01/29/2024

**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

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

City of McAllen

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a 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 (COATS & PANTS)- BUYBOARD

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM **1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117590

**Date Filed:**
01/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Short Elliott Hendrickson, Inc.
St. Paul, MN United States

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

CITY OF MCALLEN

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

PROJECT NO. 08-23-S63-124
TERMINAL CAPACITY STUDY

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ott, David | St. Paul, MN United States | X | |
| Sannes, Scott | Duluth, MN United States | X | |
| 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 | X | |
| Wells, Paul | Denver, CO United States | X | |
| Schultes, Kristin | St. Paul, MN United States | X | |
| Wadhwa, Hemant | St. Paul, MN United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Shawn McMahon, and my date of birth is [redacted].

My address is 1158 Silverwood Bay (street), Woodbury (city), MN (state), 55125 (zip code), USA (country).

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

Executed in Washington County, State of MN, on the 30 day of Jan (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1117590

**Date Filed:**
01/29/2024

**Date Acknowledged:**
01/30/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Short Elliott Hendrickson, Inc.
St. Paul, MN United States

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

CITY OF MCALLEN

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

PROJECT NO. 08-23-S63-124
TERMINAL CAPACITY STUDY

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ott, David | St. Paul, MN United States | X | |
| Sannes, Scott | Duluth, MN United States | X | |
| 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 | X | |
| Wells, Paul | Denver, CO United States | X | |
| Schultes, Kristin | St. Paul, MN United States | X | |
| Wadhwa, 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 of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124701

**Date Filed:**
02/15/2024

**Date Acknowledged:**
02/16/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GALINDO AUCTIONSLLC
Mission, TX United States

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

City of McAllen

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

09-23-S10-54
PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AUCTIONEERING SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124701

**Date Filed:**
02/15/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GALINDO AUCTIONSLLC
Mission, TX United States

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

City of McAllen

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

09-23-S10-54
PROJECT NO. 09-23-S10-54 SERVICE CONTRACT FOR PROFESSIONAL AUCTIONEERING SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Ismael Galindo, and my date of birth is [redacted].

My address is 11437 N. Glasscock Rd (street), Mission (city), TX (state), 78573 (zip code), US. (country).

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

Executed in Hidalgo County, State of Texas, on the 15 day of Feb (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1125270

**Date Filed:**
02/19/2024

**Date Acknowledged:**
02/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

METRO FIRE APPARATUS SPECIALISTS, INC
HOUSTON , TX United States

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

City of McAllen

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

PROJECT # 02-24-P35-01
FIRE DEPARTMENT PUMPER TRUCK

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| RUSSELL, CRAIG N. | HOUSTON, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1125270

**Date Filed:**
02/19/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
METRO FIRE APPARATUS SPECIALISTS, INC
HOUSTON , TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT # 02-24-P35-01
FIRE DEPARTMENT PUMPER TRUCK

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| RUSSELL, CRAIG N. | HOUSTON, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is MONICA INGRAM, and my date of birth is [redacted].

My address is 17350 STATE HWY 249 STE 250 (street), HOUSTON (city), TX (state), 77064 (zip code), _____ (country).

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

Executed in HARRIS County, State of TEXAS, on the 19th day of FEB (month), 20 24 (year).

Monica Ingram
Digitally signed by Monica Ingram
DN: cn=Monica Ingram, o=Metro Fire Apparatus Specialists, Inc, ou=MFAS, email=mingram@mfas.com, c=US
Date: 2024.02.19 09:47:48 -06'00'

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1125310

**Date Filed:**
02/19/2024

**Date Acknowledged:**
02/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

$1.50 CLEANERS
MCALLEN TEXAS 78504, TX United States

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

CITY OF MCALLEN

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

09-23-S76-94
DRY CLEANING & LAUNRY SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1125310

Date Filed:
02/19/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

$1.50 CLEANERS
MCALLEN TEXAS 78504, TX United States

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

CITY OF MCALLEN

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

09-23-S76-94
DRY CLEANING & LAUNRY SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Felipe Avila, and my date of birth is [redacted].

My address is 1001 W Roosevelt, Mcallen, TX, 78504, Hidalgo.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 02 day of 19 (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124786

**Date Filed:**
02/16/2024

**Date Acknowledged:**
02/20/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Lonestar Freightliner Group, LLC dba Lonestar Truck Group Waco
Waco, TX United States

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

CITY OF MCALLEN

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

01-24-P31-01
TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BRUSH DEPT. (TIPS)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124786

**Date Filed:**
02/16/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Lonestar Freightliner Group, LLC dba Lonestar Truck Group Waco
Waco, TX United States

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

CITY OF MCALLEN

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

01-24-P31-01
TWO ROLL-OFF TRUCKS FOR RECYCLING CENTER & BRUSH DEPT. (TIPS)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Jason Wade, and my date of birth is [redacted].

My address is 430 S Main St (street), Georgetown (city), TX (state), 78626 (zip code), USA (country).

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

Executed in Williamson County, State of TX, on the 16 day of Feb (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1125867

**Date Filed:**
02/20/2024

**Date Acknowledged:**
02/20/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

MOR-WIL, LLC
MISSION, TX, TX United States

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

City of McAllen

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

PROJECT NO. 10-23-C02-667
âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMWATER PUMP STATION IMPROVEMENTSâ

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1125867

**Date Filed:**
02/20/2024

**Date Acknowledged:**

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**
MOR-WIL, LLC
MISSION, TX, TX United States

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

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 10-23-C02-667
âPROJECT NO. 10-23-C02-667 BALBOA ACRES STORMWATER PUMP STATION IMPROVEMENTSâ

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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5 **Check only if there is NO Interested Party.** [X]

6 **UNSWORN DECLARATION**

My name is Albert Garza, and my date of birth is [redacted].

My address is 22394 W. US Hwy 281 (street), San Benito (city), TX (state), 78586 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 20 day of Feburary (month), 20 24 (year).

A. Garza
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124798

**Date Filed:**
02/16/2024

**Date Acknowledged:**
02/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

AQUATIC DESIGN & ENGINEERING, INC.
Orlando, FL United States

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

The City of McAllen Texas McAllen City Commission

**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.**

Proj No 02-24-NBI35-01
Design & Engineering of Aquatic Features and Aquatic Leisure Destination of Boeye Reservoir Development

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Martin, Joshua | Orlando, FL United States | X | |
| Martin, Kenneth | Orlando, FL United States | X | |
| Martin, Patricia | Orlando, FL United States | X | |
| Martin, Kerry L.G. | Orlando, FL United States | X | |
| Weinbaum, Michael | Orlando, FL United States | X | |
| Braswell, William | Orlando, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1124798

**Date Filed:**
02/16/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
AQUATIC DESIGN & ENGINEERING, INC.
Orlando, FL United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**
The City of McAllen Texas McAllen City Commission

**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.**
Proj No 02-24-NBI35-01
Design & Engineering of Aquatic Features and Aquatic Leisure Destination of Boeye Reservoir Development

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Martin, Joshua | Orlando, FL United States | X | |
| Martin, Kenneth | Orlando, FL United States | X | |
| Martin, Patricia | Orlando, FL United States | X | |
| Martin, Kerry L.G. | Orlando, FL United States | X | |
| Weinbaum, Michael | Orlando, FL United States | X | |
| Braswell, William | Orlando, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is JOSHUA M. MARTIN, and my date of birth is [redacted].

My address is 1000 SWEETBRIAR RD (street), ORLANDO (city), FL (state), 32806 (zip code), USA (country).

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

Executed in ORANGE County, State of FLORIDA, on the 21 day of FEB (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1126284

**Date Filed:**
02/21/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
TEDSI Infrastructure Group, Inc.
Mission, 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, Texas

**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 business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Bright, Paul | Houston, TX United States | X | |
| Morris, Jr., Jules | Houston, TX United States | X | |
| Salinas, Jesus | Mission, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Jesus Salinas, and my date of birth is [redacted].

My address is 2111 Scout Lane (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 21 day of February (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1126284

**Date Filed:**
02/21/2024

**Date Acknowledged:**
02/22/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TEDSI Infrastructure Group, Inc.
Mission, 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, Texas

**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 business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Bright, Paul | Houston, TX United States | X | |
| Morris, Jr., Jules | Houston, TX United States | X | |
| Salinas, Jesus | Mission, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1127592

**Date Filed:**
02/23/2024

**Date Acknowledged:**
02/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rangeline Utility Services, LLC
Haslet , TX United States

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

City of McAllen

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

02-24-C10-01
Emergency Repair & Replacement of Transmission Water Lines

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1127592

Date Filed:
02/23/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rangeline Utility Services, LLC
Haslet , TX United States

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

City of McAllen

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

02-24-C10-01
Emergency Repair & Replacement of Transmission Water Lines

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Chris Campbell, and my date of birth is [redacted].

My address is 3926 FM 455 (street), Sanger (city), TX (state), 76266 (zip code), USA (country).

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

Executed in Tarrant County, State of TX, on the 21st day of February (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1128010

**Date Filed:**
02/26/2024

**Date Acknowledged:**
02/27/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Perez Consulting Engineers, LLC
McAllen, TX United States

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

City of McAllen

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

Project No. 02-24-S24-01
Subdivision Plat for Quinta Mazatlan

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1128010

**Date Filed:**
02/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Perez Consulting Engineers, LLC
McAllen, TX United States

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

City of McAllen

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

Project No. 02-24-S24-01
Subdivision Plat for Quinta Mazatlan

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is J. David Perez, P.E., and my date of birth is [redacted].

My address is 808 Dallas Ave. (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in HIDALGO County, State of Texas, on the 26th day of February (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1129742

**Date Filed:**
02/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Chemical Containers, Inc.
Lake Wales, FL United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
11-23-P23-95
PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURRENT MODEL HERBICIDE TRUCKS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is ANDREW MOTIS, and my date of birth is [redacted].

My address is 413 ABC RD. (street), LAKE WALES (city), FL (state), 33859 (zip code), USA (country).

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

Executed in POLK County, State of FLORIDA, on the 29 day of FEB (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1129742

**Date Filed:**
02/29/2024

**Date Acknowledged:**
02/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Chemical Containers, Inc.
Lake Wales, FL United States

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

City of McAllen

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

11-23-P23-95
PROJECT NO. 11-23-P23-95 PURCHASE OF TWO (2) CURRENT MODEL HERBICIDE TRUCKS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1130010

**Date Filed:**
02/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
Project 02-24-S31 WA#4 - Champion Lakes Silt Remediation
Professional Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Alfonso A. Gonzalez, and my date of birth is [redacted].

My address is 117 W Upas Avenue (street), McAllen (city), TX (state), 78501 (zip code), U.S. (country).

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

Executed in Hidalgo County, State of Texas, on the 29 day of February (month), 2024 (year).

Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.
By: Alfonso A. Gonzalez, P.E. President
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1130010

**Date Filed:**
02/29/2024

**Date Acknowledged:**
02/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Marcia Appia Civil Infrastructure Consultant Engineers, L.L.C.
McAllen, TX United States

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

City of McAllen

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

Project 02-24-S31 WA#4
Professional Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1129173

**Date Filed:**
02/28/2024

**Date Acknowledged:**
02/28/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SILSBEE FORD
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 filed.**

CITY OF MCALLEN

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

PROJECT NO. 11-23-P16-103
NEW CURRENT MODEL POLICE PKG. VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON, DREW | SILSBEE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1129173

Date Filed:
02/28/2024

Date Acknowledged:

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**
SILSBEE FORD
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 filed.**
CITY OF MCALLEN

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 11-23-P16-103
NEW CURRENT MODEL POLICE PKG. VEHICLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON, DREW | SILSBEE, TX United States | X | |
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5 **Check only if there is NO Interested Party.** ☐

6 **UNSWORN DECLARATION**

My name is A. Glen Angelle, and my date of birth is [redacted]

My address is 1211 U.S. Hwy 96 N, Silsbee, Tx, 77656, U.S.
(street) (city) (state) (zip code) (country)

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

Executed in Hardin County, State of Tx, on the 28 day of 2 (month), 24 (year)

A. Glen Angelle
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1129067

**Date Filed:**
02/28/2024

**Date Acknowledged:**
03/01/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GRAPEVINE DCJ, LLC
GRAPEVINE, TX United States

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

CITY OF MCALLEN

**3 Provide the identification number used by the governmental entity or state agency to track or identify 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

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| BUEHLMAN, BRANDON | GRAPEVINE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1129067

Date Filed:
02/28/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GRAPEVINE DCJ, LLC
GRAPEVINE, TX United States

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

CITY OF MCALLEN

**3 Provide the identification number used by the governmental entity or state agency to track or identify 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

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| BUEHLMAN, BRANDON | GRAPEVINE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Dennis Thomas, and my date of birth is [redacted]

My address is 2601 William Tate, Grapevine, TX, 76051, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 28 day of February 20 24.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1127234

**Date Filed:**
02/22/2024

**Date Acknowledged:**
03/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Silver Ribbon Community Partners
Mcallen, 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 CDBG

**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.**

B-23-MC-48-0506
Silver Ribbon provides the financial assistance to the elderly and disabled in Hidalgo and Starr County with rent, rent deposit, utility, utility deposit, medical expense, purchase of DME.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1127234

**Date Filed:**
02/22/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Silver Ribbon Community Partners
Mcallen, 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 CDBG

**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.**

B-23-MC-48-0506
Silver Ribbon provides the financial assistance to the elderly and disabled in Hidalgo and Starr County with rent, rent deposit, utility, utility deposit, medical expense, purchase of DME.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Migdalia D Ochoa, and my date of birth is [redacted].

My address is 1201 W Esperanza Ave (street), Mcallen (city), Tx (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 22 day of February (month), 20 24 (year).

M Ochoa

Signature of authorized agent of contracting business entity
(Declarant)



RECEIVED FEB 26 2024
26 CM

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123195

**Date Filed:**
02/13/2024

**Date Acknowledged:**
03/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Easter Seals Rio Grande Valley
McAllen, TX United States

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

Easter Seals Rio Grande Valley

**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.**

B-23-MC-48-0506
Rehab therapy services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123195

**Date Filed:**
02/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Easter Seals Rio Grande Valley
McAllen, TX United States

**2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.**
Easter Seals Rio Grande Valley

**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.**
B-23-MC-48-0506
Rehab therapy services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is PATRICIA ROSENLUND, and my date of birth is [redacted].

My address is 3505 Los Indios Parkway (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 13 day of Feb (month), 2024 (year).

Patricia Rosenlund Easter Seals RGV
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2022-896415

**Date Filed:**
03/14/2023

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
ABLE CITY LLC
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 06-22-S55-478
REQUEST FOR QUALIFICATIONS MCALLEN VISION ZERO PLAN

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| ROTNOFSKY, FRANK | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is FRANK ROTNOFSKY, and my date of birth is [redacted].

My address is 200 S. 10th Street. Suite. 907 (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 14th day of March (month), 2023. (year)

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2022-896415

**Date Filed:**
06/08/2022

**Date Acknowledged:**
03/15/2023

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ABLE CITY LLC
MISSION, TX United States

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

CITY OF MCALLEN

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

PROJECT NO. 06-22-S55-478
REQUEST FOR QUALIFICATIONS MCALLEN VISION ZERO PLAN

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| ROTNOFSKY, FRANK | MISSION, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1128121

**Date Filed:**
02/26/2024

**Date Acknowledged:**
03/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

City of McALlen
San Juan, 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.**

Catholic Charities of the Rio Grande

**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.**

B-23-MC-48-0506.
18,000

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| City of McAllen | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1128121

Date Filed:
02/26/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

City of McALlen
San Juan, 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.**

Catholic Charities of the Rio Grande

**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.**

B-23-MC-48-0506.
18,000

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| City of McAllen | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Sister Norma Pimentel, and my date of birth is [redacted].

My address is 700 N. Virgen de San Juan Blvd (street) San Juan (city) Tx (state) 78579 (zip code) Hidalgo (country)

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

Executed in Hidalgo County, State of Texas, on the 24 day of February (month) 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123661

**Date Filed:**
02/13/2024

**Date Acknowledged:**
03/07/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Access Esperanza Clinics Inc.
McAllen, 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.**

Access Esperanza Clinics In.

**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.**

B-22-MC-48-0506
Health Care Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Access Esperanza Clinics Inc. | McAllen , TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123661

**Date Filed:**
02/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Access Esperanza Clinics Inc.
McAllen, 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.**
Access Esperanza Clinics In.

**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.**
B-22-MC-48-0506
Health Care Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Access Esperanza Clinics Inc. | McAllen , TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Patricio C Gonzalez, and my date of birth is [redacted]

My address is 3111 Sunset Drive (street), Edinburg (city), Tx (state), 78539 (zip code), 108 (country).

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

Executed in Hidalgo County, State of Texas, on the 14th day of Feb. (month), 2024 (year).

Patricio C Gonzalez

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123445

**Date Filed:**
02/13/2024

**Date Acknowledged:**
03/07/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Comfort House Services, Inc.
McAllen, TX United States

**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 CDBG

**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.**

B-23-MC-48-0506
We provide twenty-four-hour care to the terminally ill.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123445

**Date Filed:**
02/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Comfort House Services, Inc.
McAllen, TX United States

**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 CDBG

**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.**
B-23-MC-48-0506
We provide twenty-four-hour care to the terminally ill.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is David A. Perez, and my date of birth is [redacted].

My address is 617 Dallas Ave. (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 13th day of Feb (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1130205

**Date Filed:**
03/01/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McAllen Food Pantry Inc
P.O. Box 5413 McAllen, 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.**

McAllen Food Pantry Inc

**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.**

B-22-MC-48-0506
Purchase Raw Foods

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Felicitas Vela, and my date of birth is [redacted].

My address is 912 N. Bentsen, McAllen Tx 78501 Hidalgo
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 1 day of 3 (month), 2024 (year).

Felicitas Vela

Signature of authorized agent of contracting business entity
(Declarant)



RECEIVED MAR 1 2024

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1130205

**Date Filed:**
03/01/2024

**Date Acknowledged:**
03/07/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McAllen Food Pantry Inc
P.O. Box 5413 McAllen, 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.**

McAllen Food Pantry Inc

**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.**

B-22-MC-48-0506
Purchase Raw Foods

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123611

**Date Filed:**
02/13/2024

**Date Acknowledged:**
03/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Lower Rio Grande Valley Development Council
Weslaco, TX United States

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

City of McAllen

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

B-23-MC-48-0506
Our agency assists City of McAllen elderly residents with purchasing health maintenance items.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123611

**Date Filed:**
02/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Lower Rio Grande Valley Development Council
Weslaco, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
B-23-MC-48-0506
Our agency assists City of McAllen elderly residents with purchasing health maintenance items.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Manuel Cruz, and my date of birth is [redacted]

My address is 301 W. Railroad (street), Weslaco (city), Tx (state), 78596 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 13 day of February (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133757

**Date Filed:**
03/12/2024

**Date Acknowledged:**
03/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

E-Con Group, LLC
Edinburg, TX United States

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

City of McAllen

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

12-23-C04-456
Project No. 12-23-C04-456 Northwest Blueline Regional Detention Facility

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133757

**Date Filed:**
03/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
E-Con Group, LLC
Edinburg, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
12-23-C04-456
Project No. 12-23-C04-456 Northwest Blueline Regional Detention Facility

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is GILBERT ENRIQUEZ, and my date of birth is [redacted]

My address is 3025 S. SUGAR RD. (street), EDINBURG (city), TX (state), 78539 (zip code), US (country).

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

Executed in HIDALGO County, State of TEXAS, on the 12TH day of MARCH (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1131343

Date Filed:
03/05/2024

Date Acknowledged:

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**
VED Heritage Properties LTD dba Volvo & Mack Trucks of Waco
Robinson, TX United States

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

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
02-24-P40-01
TWO FRONT LOAD REFUSE COLLECTION TRUCKS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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5 **Check only if there is NO Interested Party.** [X]

6 **UNSWORN DECLARATION**

My name is MARGARET A. SALOME, and my date of birth is [redacted].

My address is 1287 SUN VALLEY RD. (street), WACO (city), TX (state), 76706 (zip code), USA (country).

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

Executed in McLENNAN County, State of TEXAS, on the 12 day of MARCH (month), 2024 (year).

M Salome

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1131343

**Date Filed:**
03/05/2024

**Date Acknowledged:**
03/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

VED Heritage Properties LTD dba Volvo & Mack Trucks of Waco
Robinson, TX United States

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

CITY OF MCALLEN

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

02-24-P40-01
TWO FRONT LOAD REFUSE COLLECTION TRUCKS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133876

**Date Filed:**
03/12/2024

**Date Acknowledged:**
03/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Red Wing Brands of America, Inc.
Red Wing, MN United States

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

City of McAllen

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

PROJECT NO. 01-24-SP08-130 SAF
SAFETY LEATHER BOOTS AND SHOES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Sweasy, William | Red Wing, MN United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133876

**Date Filed:**
03/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Red Wing Brands of America, Inc.
Red Wing, MN United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 01-24-SP08-130 SAF
SAFETY LEATHER BOOTS AND SHOES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Sweasy, William | Red Wing, MN United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 314 Main Street (street), Red Wing (city), MN (state), 55066 (zip code), USA (country).

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

Executed in Dakota County, State of Minnesota, on the 12th day of March (month), 2024 (year).

Lisa Barrett

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133899

**Date Filed:**
03/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Dorsky Yue International LLC
Dallas, 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.**

The City of McAllen

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

Project No 11-23-S34-01
Architecture Services Boeye Reservoir

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Karina Blanco, and my date of birth is [redacted].

My address is 6105 Parkland Blvd., Ste 130 (street), Cleveland (city), OH (state), 44124 (zip code), Cuyahoga (country).

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

Executed in Cuyahoga County, State of OH, on the 12 day of March (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1133899

**Date Filed:**
03/12/2024

**Date Acknowledged:**
03/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Dorsky Yue International LLC
Dallas, 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.**

The City of McAllen

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

Project No 11-23-S34-01
Architecture Services Boeye Reservoir

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134121

**Date Filed:**
03/13/2024

**Date Acknowledged:**
03/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Terra Firma Materials LLC
Edinburg, TX United States

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

City of McAllen

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

01-24-P34-108
Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (2024 Single Machine Repaving Project)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134121

**Date Filed:**
03/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Terra Firma Materials LLC
Edinburg, TX United States

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

City of McAllen

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

01-24-P34-108
Purchase & Delivery of Type D Hot Mix Asphaltic Concrete (2024 Single Machine Repaving Project)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Nancy Davenport, and my date of birth is [redacted].

My address is 9312 E Curve Rd. (street), Edinburg (city), TX (state), 78542 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 13th day of March (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134191

**Date Filed:**
03/13/2024

**Date Acknowledged:**
03/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Cutler Repaving, Inc.
Lawrence, KS United States

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

City of McAllen

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

01-24-C06-416 2024
2024 Single Machine Repaving Project

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Veskerna, Charles | Lawrence, KS United States | X | |
| MIles, John | Lawrence, KS United States | X | |
| Rathbun, John | Lawrence, KS United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134191

**Date Filed:**
03/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Cutler Repaving, Inc.
Lawrence, KS United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
01-24-C06-416 2024
2024 Single Machine Repaving Project

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Veskerna, Charles | Lawrence, KS United States | X | |
| Miles, John | Lawrence, KS United States | X | |
| Rathbun, John | Lawrence, KS United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is CHARLES R. VESKERNA, and my date of birth is [redacted].

My address is 11814 PAWNEE LN (street), LEAWOOD (city), KS (state), 66211 (zip code), US (country).

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

Executed in DOUGLAS County, State of KANSAS, on the 13th day of MARCH (month), 2024 (year).

Charles R Veskerna

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134895

**Date Filed:**
03/14/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Coufal-Prater Equipment, LLC Dba United Ag & Turf
Waco, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO.02-24-P37-01
John Deere Pro-Gator with Select Sprayer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Curtis Abel, and my date of birth is [redacted].

My address is 7736 Central Park Drive (street), Waco (city), TX (state), 76712 (zip code), USA (country).

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

Executed in McLennan County, State of TX, on the 14 day of March (month), 20 24 (year).

Curtis Abel

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1134895

**Date Filed:**
03/14/2024

**Date Acknowledged:**
03/14/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Coufal-Prater Equipment, LLC Dba United Ag & Turf
Waco, TX United States

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

City of McAllen

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

PROJECT NO.02-24-P37-01
John Deere Pro-Gator with Select Sprayer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123781

**Date Filed:**
02/14/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Boys & Girls Club of McAllen, Inc.
McAllen, TX United States

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

City of McAllen

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

B-23-MC-48-0506
General Funding

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Dalinda Alcantar, and my date of birth is [redacted].

My address is 1502 Hawk Circle (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of TX, on the 15 day of 2 (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1123781

**Date Filed:**
02/14/2024

**Date Acknowledged:**
03/14/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Boys & Girls Club of McAllen, Inc.
McAllen, TX United States

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

City of McAllen

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

B-23-MC-48-0506
General Funding

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2023-1095261

Date Filed:
11/15/2023

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Rex Cafe & Bakery Inc.
McAllen, TX United States

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

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
09-23-SP37-118
Food services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Baldemar G. Guerrero, and my date of birth is [redacted]

My address is 321 So. 17th St. (street) McAllen (city) TX (state) 78501 (zip code) U.S. (country)

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

Executed in Hidalgo County, State of Texas, on the 15 day of November (month) 20 23 (year)

Buenrostro
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2023-1095261

**Date Filed:**
11/15/2023

**Date Acknowledged:**
03/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rex Cafe & Bakery Inc.
McAllen, TX United States

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

City of McAllen

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

09-23-SP37-118
Food services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1131987

**Date Filed:**
03/06/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

LandDesign, Inc.
Charlotte, NC United States

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

City of McAllen, TX

**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.**

11-23-S35-01
Boeye Reservoir Consulting Site Planning Civil Engineering & Landscape Architecture Professional Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Dawn Stephenson, and my date of birth is [redacted].

My address is 223 N. Graham Street (street), Charlotte (city), NC (state), 28202 (zip code), USA (country).

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

Executed in Mecklenburg County, State of North Carolina, on the 25th day of March (month), 20 24 (year).

Dawn Stephenson

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1131987

**Date Filed:**
03/06/2024

**Date Acknowledged:**
03/25/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

LandDesign, Inc.
Charlotte, NC United States

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

City of McAllen, TX

**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.**

11-23-S35-01
Boeye Reservoir Consulting Site Planning Civil Engineering & Landscape Architecture Professional Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139359

**Date Filed:**
03/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
RGV Cycles
San Juan Texas, 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.**
Mcallen Police Department

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-23-P09-75
PURCHASE AND DELIVERY OF THREE (3) POLICE MOTORCYCLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is RODRIGO CALLEJA CONTRERAS, and my date of birth is [redacted].

My address is 502 E INTERSTATE HWY 2 (street) SAN JUAN (city) TX (state) 78589 (zip code) USA (country).

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

Executed in HIDALGO County, State of TEXAS, on the 26 day of MARCH (month), 2024 (year).

Signature of authorized agent of contracting business entity (Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139359

**Date Filed:**
03/26/2024

**Date Acknowledged:**
03/27/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RGV Cycles
San Juan Texas, 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.**

Mcallen Police Department

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

10-23-P09-75
PURCHASE AND DELIVERY OF THREE (3) POLICE MOTORCYCLES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139714

**Date Filed:**
03/27/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Hollon Oil Company
Weslaco, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
01-24-SP07-283 SUP
Lubricants, coolants and diesel exhaust fluid (DEF)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is DANIEL ARRIAGA, and my date of birth is [redacted].

My address is 1300 DAVENPORT (street), WESLACO (city), TX (state), 78504 (zip code), US (country).

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

Executed in HIDALGO County, State of TEXAS, on the 27 day of MARCH (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139714

**Date Filed:**
03/27/2024

**Date Acknowledged:**
03/27/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Hollon Oil Company
Weslaco, TX United States

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

City of McAllen

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

01-24-SP07-283 SUP
Lubricants, coolants and diesel exhaust fluid (DEF)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139374

**Date Filed:**
03/26/2024

**Date Acknowledged:**
03/27/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

LMG Sales , Inc
McAllen, TX United States

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

City of McAllen

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

01-24-SP07-283
SUPPLY CONTRACT FOR THE PURCHASE AND DELIVERY OF LUBRICANTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139374

**Date Filed:**
03/26/2024

**Date Acknowledged:**

1 **Name of business entity filing form, and the city, state and country of the business entity's place of business.**
LMG Sales , Inc
McAllen, TX United States

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

3 **Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
01-24-SP07-283
SUPPLY CONTRACT FOR THE PURCHASE AND DELIVERY OF LUBRICANTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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5 **Check only if there is NO Interested Party.** [X]

6 **UNSWORN DECLARATION**

My name is Lupe Garza, and my date of birth is [redacted].

My address is 2518 West Mile 10 North (street), Weslaco (city), Texas (state), 78599 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 26 day of March (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1139536

**Date Filed:**
03/27/2024

**Date Acknowledged:**
03/27/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Andale Construction, Inc.
Wichita, KS 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, TX

**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 # 03-24-C13-01
High Density Mineral Bond Pavement Preservation

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1139536

Date Filed:
03/27/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Andale Construction, Inc.
Wichita, KS 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, TX

**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 # 03-24-C13-01
High Density Mineral Bond Pavement Preservation

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Jackie Bearden, and my date of birth is [redacted].

My address is 3170 N Ohio St (street), Wichita (city), Kansas (state) 67219 (zip code), USA (country).

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

Executed in Sedgwick County, State of Kansas, on the 27th day of March (month), 2024 (year).

Jackie Bearden
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1144616

**Date Filed:**
04/10/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

C & A Builders
San Benito, TX United States

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

City of McAllen

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

PROJECT NO. 01-24-C08-531
2019 DRAINAGE PROJECTS-NORTH MAIN ST & JAY AVENUE DRAINAGE IMPROVEMENTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Cesar Anguiano, and my date of birth is [redacted].

My address is 420 Jay Street (street), San Benito (city), TX (state), 78586 (zip code), US (country).

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

Executed in Cameron County, State of Texas, on the 10th day of April (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1144616

**Date Filed:**
04/10/2024

**Date Acknowledged:**
04/10/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

C & A Builders
San Benito, TX United States

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

City of McAllen

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

PROJECT NO. 01-24-C08-531
2019 DRAINAGE PROJECTS-NORTH MAIN ST & JAY AVENUE DRAINAGE IMPROVEMENTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1144586

**Date Filed:**
04/10/2024

**Date Acknowledged:**
04/10/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Gateway Printing & Office Supply, Inc.
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 being filed.**

City of McAllen

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

PROJECT NO. 04-24-P50-01
Purchase and Installation of Office Furniture for Finance Department

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Shook, Butch | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1144586

**Date Filed:**
04/10/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Gateway Printing & Office Supply, Inc.
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 being filed.**

City of McAllen

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

PROJECT NO. 04-24-P50-01
Purchase and Installation of Office Furniture for Finance Department

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Shook, Butch | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Butch SHook, and my date of birth is [redacted].

My address is 1403 Bulverde Rd (street), San Antonio (city), TX (state), 78247 (zip code), USA (country).

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

Executed in Bexar County, State of Texas, on the 10 day of April (month), 2024 (year).

B. Shook

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145126

**Date Filed:**
04/10/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
365 Builders LLC
Mission, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
02-24-C09-595
Quinta Mazatlan Wall Repairs

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Jose Gilberto Maldonado, and my date of birth is [redacted]

My address is 2108 W Griffin Pkwy, Mission, Tx, 78572, U.S.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 10 day of April (month), 2024 (year).

Jose Gilberto Maldonado Jr
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145126

**Date Filed:**
04/10/2024

**Date Acknowledged:**
04/11/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

365 Builders LLC
Mission, TX United States

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

City of McAllen

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

02-24-C09-595
Quinta Mazatlan Wall Repairs

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145380

**Date Filed:**
04/11/2024

**Date Acknowledged:**
04/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Doggett Freightliner of South Texas, LLC DBA Freightliner of Austin
Houston, TX United States

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

City of McAllen

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

Project No. 02-24-P41-01
TRUCK PARTS & SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145380

**Date Filed:**
04/11/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Doggett Freightliner of South Texas, LLC DBA Freightliner of Austin
Houston, TX United States

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

City of McAllen

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

Project No. 02-24-P41-01
TRUCK PARTS & SERVICES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 6206 Riverchase Glen Dr (street), Kingwood (city), TX (state), 77345 (zip code), USA (country).

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

Executed in Harris County, State of Texas, on the 11 day of 04 (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145932

**Date Filed:**
04/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
SILSBEE FORD
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 filed.**
CITY OF MCALLEN

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 02-24-P39-01
FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON , DREW | SILSBEE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is A. Glen Angelle, and my date of birth is [redacted]

My address is 1211 U.S. Hwy 96N, Silsbee, TX, 77656, US
(street) (city) (state) (zip code) (country)

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

Executed in Hardin County, State of TX, on the 12 day of 4 (month), 2024 (year).

A. Glen Angelle
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1145932

**Date Filed:**
04/12/2024

**Date Acknowledged:**
04/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SILSBEE FORD
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 filed.**

CITY OF MCALLEN

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

PROJECT NO. 02-24-P39-01
FIRE DEPARTMENT EMERGENCY RESPONSE PICK-UP

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| DONALSON , DREW | SILSBEE, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1149380

**Date Filed:**
04/19/2024

**Date Acknowledged:**
04/22/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Vermeer Equipment of Texas, LLC
Irving, TX United States

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

City Of McAllen

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

PROJECT NO. 03-24-P44-01
PURCHASE OF A BC1500 WOOD CHIPPER

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate **Number:**
2024-1149380

**Date Filed:**
04/19/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Vermeer Equipment of Texas, LLC
Irving, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 03-24-P44-01
PURCHASE OF A BC1500 WOOD CHIPPER

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is JERRY DUNNE, and my date of birth is [redacted].

My address is 3025 STATE HWY 161, IRVING, TX, 75062, USA.
(street) (city) (state) (zip code) (country)

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

Executed in DALLAS County, State of TEXAS, on the 19 day of APRIL, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150651

**Date Filed:**
04/23/2024

**Date Acknowledged:**
04/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Millenium Products, Inc.
St. Petersburg, FL United States

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

City of McAllen

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

04-24-P53-01
THREE (3) MESSAGE BOARDS (GSA)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Barnett, Ryan | St. Petersburg, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

DocuSign Envelope ID: E57C968F-80AC-440A-955C-B6829AD0E12E

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150651

**Date Filed:**
04/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Millenium Products, Inc.
St. Petersburg, FL United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
04-24-P53-01
THREE (3) MESSAGE BOARDS (GSA)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Barnett, Ryan | St. Petersburg, FL United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Lori Hipskind, and my date of birth is [redacted].

My address is 12 Vascongadas Way (street), Hot Springs Village (city), AR (state), 71909 (zip code), US (country).

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

Executed in Garland County, State of AR, on the 23rd day of April (month), 2024 (year).

DocuSigned by:
Lori Hipskind
5263B2ABAC01425...

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150775

**Date Filed:**
04/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Insane Impact
Clive, IA United States

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

City of McAllen

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

03-24-P45-01
Mobile LED trailer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Kyle Ortmann, and my date of birth is [redacted].

My address is 2480 Berkshire Parkway (street), Clive (city), IA (state), 503252 (zip code), USA (country).

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

Executed in Warren County, State of IA, on the 23 day of April (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150775

**Date Filed:**
04/23/2024

**Date Acknowledged:**
04/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Insane Impact
Clive, IA United States

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

City of McAllen

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

03-24-P45-01
Mobile LED trailer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM **1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150635

**Date Filed:**
04/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

D & G Energy Corporation
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 01-24-S22-95
TRAFFIC SIGNAL LOOP DETECTOR REPLACEMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Maribel Avila, and my date of birth is [redacted].

My address is 10517 N Ware Rd (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 23rd day of April (month), 2024 (year).

Maribel Avila
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1150635

**Date Filed:**
04/23/2024

**Date Acknowledged:**
04/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

D & G Energy Corporation
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 01-24-S22-95
TRAFFIC SIGNAL LOOP DETECTOR REPLACEMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1151540

**Date Filed:**
04/24/2024

**Date Acknowledged:**
04/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McAllen International Museum
McAllen, TX United States

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

City of McAllen

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

04-24-NBI51-01
Project No. 04-24-NBI51-01 INTERNATIONAL MUSEUM OF ART & SCIENCE (IMAS) CHILDREN'S MUSEUM PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1151540

**Date Filed:**
04/24/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McAllen International Museum
McAllen, TX United States

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

City of McAllen

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

04-24-NBI51-01
Project No. 04-24-NBI51-01 INTERNATIONAL MUSEUM OF ART & SCIENCE (IMAS) CHILDREN'S MUSEUM PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Ann Fortescue, and my date of birth is [redacted].

My address is 1824 Kilgore Avenue (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 24 day of April (month), 2024 (year).

Ann Fortescue

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1151847

**Date Filed:**
04/24/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Hanson Professional Services Inc.
Springfield, IL United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 04-24-S45-01
General Civil Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Lemieux, Brian | Bonifay, FL United States | X | |
| Wilfredo, Rivera Jr. | Corpus Christi, TX United States | X | |
| Chepkoit, Kipoech | O'Fallon, IL United States | X | |
| Alm, Stephen | Lindstrom, MN United States | X | |
| Hollahan, Dennis | Springfield, IL United States | X | |
| Folkerts, Rhonda | Springfield, IL United States | X | |
| Biggs, Mina | Sarasota, FL United States | X | |
| Ball, Jeffery | Dawson, IL United States | X | |
| Pecori, Sergio | Springfield, IL United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 4501 Gollihar Rd. (street), Corpus Christi (city), TX (state), 78411 (zip code), USA (country).

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

Executed in Nueces County, State of Texas, on the 24th day of April (month), 2024 (year).

WM R

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1151847

**Date Filed:**
04/24/2024

**Date Acknowledged:**
04/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Hanson Professional Services Inc.
Springfield, IL United States

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

City of McAllen

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

PROJECT NO. 04-24-S45-01
General Civil Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Lemieux, Brian | Bonifay, FL United States | X | |
| Wilfredo, Rivera Jr. | Corpus Christi, TX United States | X | |
| Chepkoit, Kipoech | O'Fallon, IL United States | X | |
| Alm, Stephen | Lindstrom, MN United States | X | |
| Hollahan, Dennis | Springfield, IL United States | X | |
| Folkerts, Rhonda | Springfield, IL United States | X | |
| Biggs, Mina | Sarasota, FL United States | X | |
| Ball, Jeffery | Dawson, IL United States | X | |
| Pecori, Sergio | Springfield, IL United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1153130

**Date Filed:**
04/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Doggett Freightliner of South Texas, LLC
Pharr, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
03-24-P47-01
Two (2) Semi-Trucks (BB)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Mark Brunnemann, and my date of birth is [redacted].

My address is 3103 N. Cage Blvd (street), Pharr (city), TX (state), 78577 (zip code), US (country).

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

Executed in Hidalgo County, State of Texas, on the 26 day of April (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1153130

**Date Filed:**
04/26/2024

**Date Acknowledged:**
04/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Doggett Freightliner of South Texas, LLC
Pharr, TX United States

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

City of McAllen

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

03-24-P47-01
Two (2) Semi-Trucks (BB)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1154696

**Date Filed:**
04/30/2024

**Date Acknowledged:**
05/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rodriguez Taqueria
McAllen, TX United States

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

City of McAllen

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

07-23-S64-130
Ã¢ÂÂPROJECT NO. 07-23-S64-130 LEASE SPACE FOR NON-EXCLUSIVE FOOD TENANT AT THE DOWNTOWN PARKING GARAGE FOOD COURTÃ¢ÂÂ

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| THEGS LLC | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1154696

**Date Filed:**
04/30/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Rodriguez Taqueria
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
07-23-S64-130
ÃcÂÂPROJECT NO. 07-23-S64-130 LEASE SPACE FOR NON-EXCLUSIVE FOOD TENANT AT THE DOWNTOWN PARKING GARAGE FOOD COURTÃcÂÂ

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| THEGS LLC | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Edgar Guerra, and my date of birth is [redacted].

My address is 1405 Dallas Ave (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 30th day of April (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1157976

**Date Filed:**
05/07/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Southern Trenchless Solutions, LLC
La Feria, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
Project No. 04-24-C17-01
City of McAllen 2024 Manhole Rehabilitation Phase VI

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Ramon Closner, and my date of birth is [redacted].

My address is 1303 W 3rd St. Apt. 24, Weslaco, TX, 78596, USA
(street) (city) (state) (zip code) (country)

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

Executed in Cameron County, State of Texas, on the 7th day of May, 2024.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1157976

**Date Filed:**
05/07/2024

**Date Acknowledged:**
05/08/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Southern Trenchless Solutions, LLC
La Feria, TX United States

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

City of McAllen

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

Project No. 04-24-C17-01
City of McAllen 2024 Manhole Rehabilitation Phase VI

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1161277

**Date Filed:**
05/14/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Celso Gonzalez Construction, Inc.
Mission, TX United States

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

City of McAllen

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

02-24-S30-662
Service Contract for Various Types of Concrete Sidewalk Project
General Construction Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Celso Gonzalez Jr., and my date of birth is [redacted].

My address is 614 N Conway Avenue (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 14th day of May (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1161277

**Date Filed:**
05/14/2024

**Date Acknowledged:**
05/14/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Celso Gonzalez Construction, Inc.
Mission, TX United States

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

City of McAllen

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

02-24-S30-662
Service Contract for Various Types of Concrete Sidewalk Project
General Construction Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1160998

**Date Filed:**
05/14/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Hurfco Industries Inc dba Hurricane Fence Co
Harlingen, TX United States

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

City of McAllen

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

Project No. 05-24-P56-01
Perimeter Fencing at the Convention Center Grounds

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Roy E. Garrison III, and my date of birth is [redacted].

My address is 3440 W. Spur 54 (street), Harlingen (city), TX (state), 78586 (zip code), USA (country).

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

Executed in Cameron County, State of Texas, on the 14 day of MAY (month), 2024 (year).

REG

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1160998

**Date Filed:**
05/14/2024

**Date Acknowledged:**
05/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Hurfco Industries Inc dba Hurricane Fence Co
Harlingen, TX United States

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

City of McAllen

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

Project No. 05-24-P56-01
Perimeter Fencing at the Convention Center Grounds

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1162209

**Date Filed:**
05/16/2024

**Date Acknowledged:**
05/16/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

BRUCKNER TRUCK SALES, INC.
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 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.**

04-24-P52-01
Side Load Refuse Truck

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Bruckner, Brian | Amarillo, TX United States | X | |
| Bruckner, Chris | Amarillo, TX United States | X | |
| Moody, James | Amarillo, TX United States | X | |
| McCampbell, Chip | Amarillo, TX United States | X | |
| Murphy, Brian | Amarillo, TX United States | X | |
| Deason, John | Wichita Falls, TX United States | X | |
| Freeman, Don | Tulsa, OK United States | X | |
| Terry, David | Amarillo, TX United States | X | |
| Bruckner Truck Sales ESOP | Amarillo, TX United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1162209

**Date Filed:**
05/16/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
BRUCKNER TRUCK SALES, INC.
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 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.**
04-24-P52-01
Side Load Refuse Truck

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Bruckner, Brian | Amarillo, TX United States | X | |
| Bruckner, Chris | Amarillo, TX United States | X | |
| Moody, James | Amarillo, TX United States | X | |
| McCampbell, Chip | Amarillo, TX United States | X | |
| Murphy, Brian | Amarillo, TX United States | X | |
| Deason, John | Wichita Falls, TX United States | X | |
| Freeman, Don | Tulsa, OK United States | X | |
| Terry, David | Amarillo, TX United States | X | |
| Bruckner Truck Sales ESOP | Amarillo, TX United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Terry R. Anderson, and my date of birth is [redacted].

My address is 20920 Klein Circle (street), Garden Ridge (city), TX (state), 78266 (zip code), USA (country).

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

Executed in Comal County, State of Texas, on the 16 day of May (month), 20 24 (year).

Terry R. Anderson
Digitally signed by Terry R. Anderson
Date: 2024.05.16 09:24:24 -05'00'

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1164530

**Date Filed:**
05/21/2024

**Date Acknowledged:**
05/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

VOLTTEK USA LLC
MCALLEN, 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.**

McAllen Public Utility

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

24-S21-01
Water plants, Electrical equipment inspection,preventative maintenance and repairs

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| VOLTTEK USA LLC | MCALLEN, TX United States | X | |
| Rodriguez Picazo, Alfredo | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1164530

**Date Filed:**
05/21/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

VOLTTEK USA LLC
MCALLEN, 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.**

McAllen Public Utility

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

24-S21-01
Water plants, Electrical equipment inspection,preventative maintenance and repairs

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| VOLTTEK USA LLC | MCALLEN, TX United States | X | |
| Rodriguez Picazo, Alfredo | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Jose Alfredo Rodriguez Picazo, and my date of birth is [redacted].

My address is 3827 N 10th Street Ste 205 (street), McAllen (city), Texas (state), 78501 (zip code), Estados Unidos (country).

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

Executed in McAllen County, State of Texas, on the 21 day of May (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1164630

**Date Filed:**
05/21/2024

**Date Acknowledged:**
05/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Douglas Clark
Edinburg, TX, 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, Quinta Mazatlan

**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.**

05-24-p43-01
Sculpture

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1164630

**Date Filed:**
05/21/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Douglas Clark
Edinburg, TX, 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, Quinta Mazatlan

**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.**
05-24-p43-01
Sculpture

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Douglas Clark, and my date of birth is [redacted]

My address is 1511 South 16th Ave Edinburg Tx 78539 USA
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Tex, on the 21 day of MAY (month), 2024 (year).

Douglas Clark
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1165817

**Date Filed:**
05/23/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

R.L. Abatement, Inc.
Weslaco, TX United States

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

City of McAllen

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

05-24-S52-01
Debris Removal and Hauling Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Roberto Valladares, Jr., and my date of birth is [redacted].

My address is 2207 W Mile 11 N (street), Weslaco, (city), TX (state), 78599 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 23rd day of May (month), 20 24 (year).

AMELIA PALOMARES
My Notary ID # 12340497
Expires June 8, 2025

Amelia Palomares

Roberto Valladares Jr.

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1165817

**Date Filed:**
05/23/2024

**Date Acknowledged:**
05/23/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

R.L. Abatement, Inc.
Weslaco, TX United States

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

City of McAllen

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

05-24-S52-01
Debris Removal and Hauling Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1166202

**Date Filed:**
05/24/2024

**Date Acknowledged:**
05/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Reeder Distributors
Fort Worth, TX United States

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

City of McAllen

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

Project No. 05-24-P58-01
Parts Room Storage

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1166202

**Date Filed:**
05/24/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Reeder Distributors
Fort Worth, TX United States

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

City of McAllen

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

Project No. 05-24-P58-01
Parts Room Storage

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is __ [redacted] ____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169100

**Date Filed:**
05/31/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Municipal Pump & Control
Wimberley, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 02-24-P46-359
PROJECT NO. 02-24-P46-359 SEVEN (7) LIFT STATION ELECTRICAL PANELS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted] _____.

My address is 15577 Ranch Road 12, Suite 109 (street), Wimberley (city), TX (state), 78676 (zip code), USA (country).

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

Executed in Hays County, State of Texas, on the 31 day of May (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169100

**Date Filed:**
05/31/2024

**Date Acknowledged:**
05/31/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Municipal Pump & Control
Wimberley, TX United States

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

City of McAllen

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

PROJECT NO. 02-24-P46-359
PROJECT NO. 02-24-P46-359 SEVEN (7) LIFT STATION ELECTRICAL PANELS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1168925

**Date Filed:**
05/30/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RIO GRANDE VALLEY INDUSTRIAL MACHINE SHOP & PUMPS LLC
Elsa, TX United States

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

CITY OF MCALLEN

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

02-24-P46-359
PROJECT NO. 02-24-P46-359 SEVEN (7) LIFT STATION ELECTRICAL PANELS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 4821 Ensenada Ave. (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 30 day of May (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1168925

**Date Filed:**
05/30/2024

**Date Acknowledged:**
05/31/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RIO GRANDE VALLEY INDUSTRIAL MACHINE SHOP & PUMPS LLC
Elsa, TX United States

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

CITY OF MCALLEN

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

02-24-P46-359
PROJECT NO. 02-24-P46-359 SEVEN (7) LIFT STATION ELECTRICAL PANELS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169288

**Date Filed:**
05/31/2024

**Date Acknowledged:**
05/31/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

POLYDYNE INC.
Riceboro, GA United States

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

City of McAllen

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

Project No. 03-24-SP10-262
Supply Contract for the Purchase and Delivery of Polymer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169288

**Date Filed:**
05/31/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

POLYDYNE INC.
Riceboro, GA United States

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

City of McAllen

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

Project No. 03-24-SP10-262
Supply Contract for the Purchase and Delivery of Polymer

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Boyd Stanley, and my date of birth is [redacted].

My address is 1 Chemical Plant Road (street), Riceboro (city), GA (state), 31323 (zip code), USA (country).

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

Executed in Liberty County, State of Georgia, on the 31th day of May (month), 20 24 (year).

Boyd Stanley

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169522

**Date Filed:**
05/31/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Xylem Water Solutions USA Inc.
Corpus Christi, 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 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.**
02-24-P46-359
Seven (7) Lift Station Electrical Panels

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is FRANK PARDO, and my date of birth is [redacted].

My address is 1400 YUCCA AVE (street), MCALLEN (city), TX (state), 78504 (zip code), USA (country).

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

Executed in HIDALGO County, State of TEXAS, on the 31 day of MAY (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1169522

**Date Filed:**
05/31/2024

**Date Acknowledged:**
05/31/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Xylem Water Solutions USA Inc.
Corpus Christi, 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 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.**

02-24-P46-359
Seven (7) Lift Station Electrical Panels

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1168635

**Date Filed:**
05/30/2024

**Date Acknowledged:**
06/05/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Affordable Homes of South Texas, Inc.
McAllen, TX United States

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

City of McAllen

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

2019 B-21-MC-48-0506
The rehabilitation of a dilapidated property within the City of McAllen.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1168635

**Date Filed:**
05/30/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Affordable Homes of South Texas, Inc.
McAllen, TX United States

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

City of McAllen

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

2019 B-21-MC-48-0506
The rehabilitation of a dilapidated property within the City of McAllen.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 1420 Erie Ave. (street), McAllen (city), Texas (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 30th day of May (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1174432

**Date Filed:**
06/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Crafco, Inc.
Chandler, AZ United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
03-24-P49-157
Crack Sealing Machine

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ergon, Inc. | Jackson, MS United States | X | |
| Johnson, Gary | Chandler, AZ United States | X | |
| Lampton, William W. | Jackson, MS United States | X | |
| Lampton, Robert | Jackson, MS United States | X | |
| Ziems, Todd | Chandler, AZ United States | X | |
| Stabler, Robert | Chandler, AZ United States | X | |
| Gautier, Gail | Chandler, AZ United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Todd Ziems, and my date of birth is [redacted].

My address is 6165 W. Detroit St. (street), Chandler (city), AZ (state), 85226 (zip code), USA (country).

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

Executed in Maricopa County, State of Arizona, on the 12th day of June (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1174432

**Date Filed:**
06/12/2024

**Date Acknowledged:**
06/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Crafco, Inc.
Chandler, AZ United States

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

City of McAllen

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

03-24-P49-157
Crack Sealing Machine

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ergon, Inc. | Jackson, MS United States | X | |
| Johnson, Gary | Chandler, AZ United States | X | |
| Lampton, William W. | Jackson, MS United States | X | |
| Lampton, Robert | Jackson, MS United States | X | |
| Ziems, Todd | Chandler, AZ United States | X | |
| Stabler, Robert | Chandler, AZ United States | X | |
| Gautier, Gail | Chandler, AZ United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1174167

**Date Filed:**
06/11/2024

**Date Acknowledged:**
06/11/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rio United Builders, LLC
Mission, TX United States

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

City of McAllen

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

PROJECT NO. 05-24-C18-01
HEART OF THE CITY REPAIRS-AUSTIN AVE & 17TH ST

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1174167

**Date Filed:**
06/11/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Rio United Builders, LLC
Mission, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 05-24-C18-01
HEART OF THE CITY REPAIRS-AUSTIN AVE & 17TH ST

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Dagoberto Perez Jr, and my date of birth is [redacted].

My address is 5783 Iowa Rd, Mission, TX, 78574, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 11 day of June (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM **1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1176015

**Date Filed:**
06/16/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Texas Scenic Company, Inc.
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 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.**

06-24-P61-01 Apex Stage Light
ETC Apex Stage Lighting Control Console

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Nolan Murdock, and my date of birth is [redacted].

My address is 3207 Venita Ave (street), Lubbock (city), TX (state), 79407 (zip code), USA (country).

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

Executed in Lubbock County, State of Texas, on the 16 day of June (month), 20 24 (year).

Nolan Murdock

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1176015

**Date Filed:**
06/16/2024

**Date Acknowledged:**
06/17/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Texas Scenic Company, Inc.
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 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.**

06-24-P61-01 Apex Stage Light
ETC Apex Stage Lighting Control Console

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1132644

**Date Filed:**
03/07/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

The Salvation Army McAllen/Hidalgo County
McAllen, TX United States

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

City of McAllen

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

B-23-MC-48-0506
Emergency Shelter, Feeding Program, Social Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Major Jan Zuniga, and my date of birth is [redacted].

My address is 1600 N. 23rd (street), McAllen (city), TX (state), 78501 (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 07 day of March (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1132644

**Date Filed:**
03/07/2024

**Date Acknowledged:**
06/07/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

The Salvation Army McAllen/Hidalgo County
McAllen, TX United States

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

City of McAllen

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

B-23-MC-48-0506
Emergency Shelter, Feeding Program, Social Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1181057

**Date Filed:**
06/26/2024

**Date Acknowledged:**
06/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Hanson Professional Services Inc.
Springfield, IL United States

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

City of McAllen

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

PROJECT NO. 06-24-S56-01
Contract for Professional Engineering Services for El Rancho Park

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Lemieux, Brian | Bonifay, FL United States | X | |
| Rivera Jr, Wilfredo | Corpus Christi, TX United States | X | |
| Chepkoit, Kipoech | O'Fallon, IL United States | X | |
| Alm, Stephen | Lindstrom, MN United States | X | |
| Hollahan, Dennis | Springfield, IL United States | X | |
| Folkerts, Rhonda | Springfield, IL United States | X | |
| Biggs, Mina | Sarasota, FL United States | X | |
| Ball, Jeffery | Dawson, IL United States | X | |
| Pecori, Sergio | Springfield, IL United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1181057

**Date Filed:**
06/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Hanson Professional Services Inc.
Springfield, IL United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 06-24-S56-01
Contract for Professional Engineering Services for El Rancho Park

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Lemieux, Brian | Bonifay, FL United States | X | |
| Rivera Jr, Wilfredo | Corpus Christi, TX United States | X | |
| Chepkoit, Kipoech | O'Fallon, IL United States | X | |
| Alm, Stephen | Lindstrom, MN United States | X | |
| Hollahan, Dennis | Springfield, IL United States | X | |
| Folkerts, Rhonda | Springfield, IL United States | X | |
| Biggs, Mina | Sarasota, FL United States | X | |
| Ball, Jeffery | Dawson, IL United States | X | |
| Pecori, Sergio | Springfield, IL United States | X | |

**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 4501 Gollihar Rd. (street), Corpus Christi (city), TX (state), 78411 (zip code), USA (country).

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

Executed in Nueces County, State of Texas, on the 26th day of June (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180451

**Date Filed:**
06/25/2024

**Date Acknowledged:**
06/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Gateway Printing & Office Supply Inc.
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 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.**

06-24P62-01
Purchase of Furniture For Fire Training Facility

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Gateway Printing & Office Supply Inc. | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180451

**Date Filed:**
06/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Gateway Printing & Office Supply Inc.
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 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.**

06-24P62-01
Purchase of Furniture For Fire Training Facility

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Gateway Printing & Office Supply Inc. | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Chris Del Bosque, and my date of birth is [redacted].

My address is 14803 Bulverde Rd. (street), San Antonio (city), Texas (state), 78247 (zip code), usa (country).

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

Executed in Bexar County, State of Texas, on the 25th day of June (month), 20 24 (year).

Chris Del Bosque
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180299

**Date Filed:**
06/25/2024

**Date Acknowledged:**
06/28/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
BrightView Landscape Services, Inc
Edinburg, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 07-23-S55-218 GROU
Provide grounds maintenance services for City of McAllen

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180299

**Date Filed:**
06/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

BrightView Landscape Services, Inc
Edinburg, TX United States

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

City of McAllen

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

PROJECT NO. 07-23-S55-218 GROU
Provide grounds maintenance services for City of McAllen

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Holly Martinez, and my date of birth is [redacted].

My address is 145 Hargrove Rd (street), Greenbrier (city), AR (state), 72058 (zip code), US (country).

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

Executed in Faulkner County, State of AR, on the 25 day of June (month), 20 24 (year).

Holly Martinez
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180297

**Date Filed:**
06/25/2024

**Date Acknowledged:**
06/28/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rod'z Lawn Care Landscaping
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 07-23-S55-218
GROUNDS MAINTENANCE

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180297

**Date Filed:**
06/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rod'z Lawn Care Landscaping
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 07-23-S55-218
GROUNDS MAINTENANCE

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 401 N 8th St (street), McAllen (city), Tx (state), 78501 (zip code), Hidalgo (country).

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

Executed in Hidalgo County, State of Texas, on the 26 day of June (month), 2024 (year).

Guadalupe Rodriguez
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1181180

**Date Filed:**
06/26/2024

**Date Acknowledged:**
06/28/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

SOUTH TEXAS LANDSCAPES IRRIGATION & PEST CONTROL LLC
Penitas, TX United States

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

City of McAllen

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

07-23-S55-218
GROUNDS MAINTENANCE PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1181180

**Date Filed:**
06/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
SOUTH TEXAS LANDSCAPES IRRIGATION & PEST CONTROL LLC
Penitas, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
07-23-S55-218
GROUNDS MAINTENANCE PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Alexis Campa, and my date of birth is [redacted]

My address is 1802 Nugget St (street), Penitas (city), TX (state), 7856 (zip code), U.S (country).

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

Executed in Hidalgo County, State of TX, on the 6 day of 25 (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1183144

**Date Filed:**
07/02/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Weisinger Incorporated
Willis, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
06-24-S62-01
NWTP GROUNDWATER TESST WELL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Michael Weisinger, and my date of birth is [redacted].

My address is 18150 I-45N (street), Willis (city), TX (state), 77318 (zip code), USA (country).

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

Executed in Montgomery County, State of Texas, on the 2nd day of July (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1183144

**Date Filed:**
07/02/2024

**Date Acknowledged:**
07/02/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Weisinger Incorporated
Willis, TX United States

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

City of McAllen

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

06-24-S62-01
NWTP GROUNDWATER TESST WELL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1182664

Date Filed:
07/01/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Longhorn International Trucks Ltd., dba Kyrish Truck Centers of Austin
Austin, TX United States

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

City of McAllen

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

06-24-P63-01
PROJECT NO. 06-24-P63-01 PURCHASE OF TWO (2) SIDE LOAD COMMERCIAL REFUSE TRUCK THROUGH BUYBOARD

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Robert Brauer, and my date of birth is [redacted]

My address is 5010 Burleson Road (street), Austin (city), Tx (state), 78744 (zip code), Travis (country).

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

Executed in Travis County, State of Texas, on the 1 day of July (month), 2024 (year).

Robert Brauer
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1182664

**Date Filed:**
07/01/2024

**Date Acknowledged:**
07/02/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Longhorn International Trucks Ltd., dba Kyrish Truck Centers of Austin
Austin, TX United States

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

City of McAllen

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

06-24-P63-01
PROJECT NO. 06-24-P63-01 PURCHASE OF TWO (2) SIDE LOAD COMMERCIAL REFUSE TRUCK THROUGH BUYBOARD

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1183612

**Date Filed:**
07/02/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Landscape Forms Inc
Kalamazoo, MI United States

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

City of McAllen

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

Project No. 06-24-P59-01
Purchase of Furniture for the Quinta Mazatlan Center for Urban Ecology - Onmia Partners 07-100

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Jodi Havza, and my date of birth is [redacted].

My address is 6735 Hayward Dr (street) Vicksburg (city), MI (state), 49097 (zip code), USA (country).

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

Executed in Kalamazoo County, State of Michigan, on the 2nd day of July (month), 20 24 (year).

Jodi Havza
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1183612

**Date Filed:**
07/02/2024

**Date Acknowledged:**
07/03/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Landscape Forms Inc
Kalamazoo, MI United States

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

City of McAllen

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

Project No. 06-24-P59-01
Purchase of Furniture for the Quinta Mazatlan Center for Urban Ecology - Onmia Partners 07-100

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1186318

**Date Filed:**
07/11/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
GEMS Technical Services, Inc.
Orange, CA 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 City Commission

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 05-24-C15-379 PASS
Passenger Boarding Bridges and ground support equipment

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Colaco, Michael | Orange, CA United States | X | |
| Barry, April | Orange, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is April Barry, and my date of birth is [redacted].

My address is 333 City Blvd. W. Ste 1700 (street), Orange (city), CA (state), 92868 (zip code), USA (country).

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

Executed in Orange County, State of CA, on the 11th day of July (month), 2024 (year).

April Barry
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1186318

**Date Filed:**
07/11/2024

**Date Acknowledged:**
07/17/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GEMS Technical Services, Inc.
Orange, CA 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 City Commission

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

PROJECT NO. 05-24-C15-379 PASS
Passenger Boarding Bridges and ground support equipment

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Colaco, Michael | Orange, CA United States | X | |
| Barry, April | Orange, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180081

**Date Filed:**
06/25/2024

**Date Acknowledged:**
07/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rio Elevator Company, Inc.
Harlingen, TX United States

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

City of McAllen

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

06-24-S54-288
Modernization/Refurbishment of Existing Vertical Hydraulic Platform Elevator

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1180081

**Date Filed:**
06/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Rio Elevator Company, Inc.
Harlingen, TX United States

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

City of McAllen

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

06-24-S54-288
Modernization/Refurbishment of Existing Vertical Hydraulic Platform Elevator

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Amanda Hill, and my date of birth is [redacted].

My address is 14818 FM498 (street), Lyford (city), Texas (state), 78569 (zip code), US (country).

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

Executed in Cameron County, State of Texas, on the 25th day of June (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1192341

**Date Filed:**
07/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Unifirst
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
07-24-S11-01
Uniform Rental and Cleaning Services through Buyboard.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Jose Alvarado, and my date of birth is [redacted].

My address is 4100 Palmview Dr. (street), Alamo (city), TX (state), 78516 (zip code), US (country).

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

Executed in Hidalgo County, State of Texas, on the 25 day of July (month), 2024 (year).

Jose L Alvarado
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1192341

**Date Filed:**
07/25/2024

**Date Acknowledged:**
07/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Unifirst
McAllen, TX United States

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

City of McAllen

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

07-24-S11-01
Uniform Rental and Cleaning Services through Buyboard.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1192840

**Date Filed:**
07/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Geveko Markings, Inc.
Gainesville, GA United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 05-24-SP13-233
SUPPLY CONTRACT FOR THE PURCHASE & DELIVERY OF THERMOPLASTIC MATERIAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Justin Coogler, and my date of birth is [redacted].

My address is 1883 New Harvest Road (street), Gainesville (city), GA (state), 30507 (zip code), USA (country).

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

Executed in Hall County, State of Georgia, on the 26 day of July (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1192840

**Date Filed:**
07/26/2024

**Date Acknowledged:**
07/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Geveko Markings, Inc.
Gainesville, GA United States

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

City of McAllen

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

PROJECT NO. 05-24-SP13-233
SUPPLY CONTRACT FOR THE PURCHASE & DELIVERY OF THERMOPLASTIC MATERIAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200077

**Date Filed:**
08/13/2024

**Date Acknowledged:**
08/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

EB Merit Construction
Pharr, TX United States

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

City of McAllen

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

07-24-C23-965 KAPPLER PARK
General construction services for Kappler Park

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1200077

Date Filed:
08/13/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

EB Merit Construction
Pharr, TX United States

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

City of McAllen

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

07-24-C23-965 KAPPLER PARK
General construction services for Kappler Park

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Aurelio Turrubiates, and my date of birth is [redacted].

My address is 505 E Interstate 2 (street), Pharr (city), TX (state), 78577 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 13 day of August (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200169

**Date Filed:**
08/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TITAN INDUSTRIAL CONSTRUCTION LLC
MISSION, TX United States

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

City of McAllen

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

07-24-C22-550
PROJECT NO. 07-24-C22-550 EL COLLADO SUBDIVISION DRAINAGE IMPROVEMENTS (CDBG)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Manuel Cantu, and my date of birth is [redacted].

My address is 2112 S Shary Rd, Ste 5 (street), Mission (city), Tx (state), 78572 (zip code), Hidalgo (country).

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

Executed in Hidalgo County, State of Texas, on the 13 day of August (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200169

**Date Filed:**
08/13/2024

**Date Acknowledged:**
08/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TITAN INDUSTRIAL CONSTRUCTION LLC
MISSION, TX United States

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

City of McAllen

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

07-24-C22-550
PROJECT NO. 07-24-C22-550 EL COLLADO SUBDIVISION DRAINAGE IMPROVEMENTS (CDBG)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200697

**Date Filed:**
08/14/2024

**Date Acknowledged:**
08/14/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

4MA Construction LLC
Alton, TX United States

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

City of Mcallen

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

07-24-C21-707
Bridge Building C Restrooms Renovations

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200697

**Date Filed:**
08/14/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

4MA Construction LLC
Alton, TX United States

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

City of Mcallen

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

07-24-C21-707
Bridge Building C Restrooms Renovations

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Manuel Anaya, and my date of birth is [redacted].

My address is 810 N Alton Blvd (street), Alton (city), Tx (state), 78573 (zip code), USA (country).

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

Executed in Hidalgo County, State of Tx, on the 14 day of August (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200027

**Date Filed:**
08/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aqua-Metric Sales Company
Selma, 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, Texas

**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. 07-24-P67-01
URGENT PURCHASE OF AMI METERS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Christopher Newville, and my date of birth is [redacted].

My address is 16914 Alamo Parkway, Building 2 (street), Selma (city), TX (state), 78154 (zip code), USA (country).

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

Executed in Guadalupe County, State of Texas, on the 14 day of August (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1200027

**Date Filed:**
08/13/2024

**Date Acknowledged:**
08/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aqua-Metric Sales Company
Selma, 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, Texas

**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. 07-24-P67-01
URGENT PURCHASE OF AMI METERS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1188828

**Date Filed:**
07/17/2024

**Date Acknowledged:**
07/17/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Integra Realty Resources - DFW, LLC
Plano, TX United States

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

City of McAllen

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

07-24-NBI60-01
VALUATION AND CONSULTING SERVICES FOR BOEYE RESERVOIR IMPROVEMENT AREA

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1188828

**Date Filed:**
07/17/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Integra Realty Resources - DFW, LLC
Plano, TX United States

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

City of McAllen

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

07-24-NBI60-01
VALUATION AND CONSULTING SERVICES FOR BOEYE RESERVOIR IMPROVEMENT AREA

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 1100 Mira Vista Boulevard (street), Plano (city), TX (state), 75093 (zip code), US (country).

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

Executed in Collin County, State of Texas, on the 17th day of July (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1203172

**Date Filed:**
08/20/2024

**Date Acknowledged:**
08/20/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Milnet Architectural Services, PLLC.
McAllen, TX United States

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

City of McAllen

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

11-23-S07-722
PROJECT NO. 11-23-S07-722 ARCHITECTURAL DESIGN SERVICES FOR MCALLEN HALL ADDITIONS AND RENOVATIONS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Molina, Jr., Rodolfo R. | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1203172

**Date Filed:**
08/20/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Milnet Architectural Services, PLLC.
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
11-23-S07-722
PROJECT NO. 11-23-S07-722 ARCHITECTURAL DESIGN SERVICES FOR MCALLEN HALL ADDITIONS AND RENOVATIONS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Molina, Jr., Rodolfo R. | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Rodolfo R. Molina, Jr., and my date of birth is [redacted].

My address is 608 S. 12 St. (street), McAllen (city), TX (state), 78501 (zip code), US (country).

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

Executed in Hidalgo County, State of Texas, on the 20 day of August (month), 2024 (year).

Rodolfo R. Molina

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1203443

**Date Filed:**
08/20/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Negrete & Kolar Architects, LLP
Edinburg, TX United States

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

City of McAllen

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

Project No. 03-24-S38-732
Architectural Design Services for McAllen Public Safety Building Evidence Room Storage

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is David Negrete, AIA, and my date of birth is [redacted].

My address is 1405 Tamar Lane (street), Austin (city), TX (state), 78727 (zip code), USA (country).

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

Executed in Travis County, State of Texas, on the 20 day of August (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1203443

**Date Filed:**
08/20/2024

**Date Acknowledged:**
08/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Negrete & Kolar Architects, LLP
Edinburg, TX United States

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

City of McAllen

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

Project No. 03-24-S38-732
Architectural Design Services for McAllen Public Safety Building Evidence Room Storage

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1206630

**Date Filed:**
08/27/2024

**Date Acknowledged:**
08/28/2024

**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

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

City of McAllen

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

08-24-C29-01
PROJECT NO. 08-24-C29-01 FM 676 (5 MILE) SEWERLINE ADJUSTMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Corbitt, PE, Yara | Edinburg, TX United States | X | |
| Heredia, Isaac | Edinburg, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1206630

**Date Filed:**
08/27/2024

**Date Acknowledged:**

**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

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
08-24-C29-01
PROJECT NO. 08-24-C29-01 FM 676 (5 MILE) SEWERLINE ADJUSTMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Corbitt, PE, Yara | Edinburg, TX United States | X | |
| Heredia, Isaac | Edinburg, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Yara M. Corbitt, PE, CEO, and my date of birth is [redacted].

My address is 3149A Center Pointe Drive (street), Edinburg (city), TX (state), 78539 (zip code), USA (country).

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

Executed in Hidalgo County, State of TX, on the 27 day of August (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1207351

**Date Filed:**
08/28/2024

**Date Acknowledged:**
08/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

PAVEMENT RESTORATION INC
Boerne, TX United States

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

City of McAllen

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

PROJECT NO. 07-24-C26-367 2024
ASPHALT REJUVENATION OF STREETS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1207351

**Date Filed:**
08/28/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

PAVEMENT RESTORATION INC
Boerne, TX United States

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

City of McAllen

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

PROJECT NO. 07-24-C26-367 2024
ASPHALT REJUVENATION OF STREETS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is ROBERT WIGGINS, and my date of birth is [redacted].

My address is 111 VALLEY KNOLL (street), BOERNE (city), TX (state), 78006 (zip code), USA (country).

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

Executed in KENDALL CO County, State of TEXAS, on the 28 day of AUG (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1209018

**Date Filed:**
09/03/2024

**Date Acknowledged:**
09/03/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RDH Site and Concrete, LLC
PALMVIEW, TX 78572, 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 - Southeast Lift Station

**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.**

08-24-C 25-500
Southeast Lift station

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| De Hoyos, Dianaly | Alamo, TX United States | X | |
| De Hoyos, Rogeilo | Alamo, TX United States | X | |
| Puente, Teri | Mission, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1209018

**Date Filed:**
09/03/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
RDH Site and Concrete, LLC
PALMVIEW, TX 78572, 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 - Southeast Lift Station

**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.**
08-24-C 25-500
Southeast Lift station

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| De Hoyos, Dianaly | Alamo, TX United States | X | |
| De Hoyos, Rogeilo | Alamo, TX United States | X | |
| Puente, Teri | Mission, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Teri Puente, and my date of birth is [redacted].

My address is 1517 Charles Street (street), Mission (city), Tx (state), 78572 (zip code), Hidalgo (country).

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

Executed in Hidalgo County, State of Texas, on the 3rd day of Sept (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1209916

**Date Filed:**
09/04/2024

**Date Acknowledged:**
09/05/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Herrcon, LLC
Alamo, TX United States

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

City of McAllen

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

08-24-S73-01
North Water Treatment Plant Main Building Stucco Repair

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1209916

**Date Filed:**
09/04/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Herrcon, LLC
Alamo, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
08-24-S73-01
North Water Treatment Plant Main Building Stucco Repair

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Gilbert Herrera, and my date of birth is [redacted].

My address is 1030 W. Ellis Ave (street), Alamo (city), TX (state), 78576 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 4 day of Sept. (month), 2024 (year).

Gilbert Herrera
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1210483

**Date Filed:**
09/05/2024

**Date Acknowledged:**
09/06/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

KCI Technologies, Inc.
Mission, TX United States

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

City of McAllen

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

PROJECT NO. 08-24-S72-01
LOS ENCINOS PARK TURF FIELD IMPROVEMENTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1210483

**Date Filed:**
09/05/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

KCI Technologies, Inc.
Mission, TX United States

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

City of McAllen

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

PROJECT NO. 08-24-S72-01
LOS ENCINOS PARK TURF FIELD IMPROVEMENTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Dawn Green, and my date of birth is [redacted].

My address is 2806 W. Bitters Road, Suite 218 (street), San Antonio (city), TX (state), 78248 (zip code), USA (country).

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

Executed in Bexar County, State of Texas, on the 5th day of September (month), 20 24 (year).

Dawn Green

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1212226

**Date Filed:**
09/10/2024

**Date Acknowledged:**
09/10/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Management Advisory Group International, Inc.
Fairfax, VA United States

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

McAllen Texas

**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. 08-24-S68-137
CLASSIFICATION AND COMPENSATION STUDY & ANALYSIS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1212226

**Date Filed:**
09/10/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Management Advisory Group International, Inc.
Fairfax, VA United States

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

McAllen Texas

**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. 08-24-S68-137
CLASSIFICATION AND COMPENSATION STUDY & ANALYSIS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Donald Long, and my date of birth is [redacted].

My address is 2992 Reidville Road (street), Spartanburg (city), SC (state), 29301 (zip code), USA (country).

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

Executed in Spartanburg County, State of S.C., on the 10 day of Sept (month), 2024 (year).

Donald Long
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1214233

**Date Filed:**
09/13/2024

**Date Acknowledged:**
09/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

CAS-Claims Administrative Services, Inc.
Tyler, 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, Texas

**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. 08-24-S71-102
Third Party Administrative Services for Workers compensation Claims Management

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Hibbs, Jr., Billy | Tyler, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1214233

**Date Filed:**
09/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
CAS-Claims Administrative Services, Inc.
Tyler, 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, Texas

**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. 08-24-S71-102
Third Party Administrative Services for Workers compensation Claims Management

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Hibbs, Jr., Billy | Tyler, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Dan Campbell, and my date of birth is [redacted].

My address is 501 Shelley Drive (street), Tyler (city), TX (state), 75701 (zip code), USA (country).

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

Executed in Smith County, State of Texas, on the 13 day of September (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

2 Name of governmental entity or state agency t

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[X]

[redacted]

126 Farhills Dr. Spring Branch Tx. 78070. USA
(city)

Executed in Kendall County, State of Texas, on the 24 day of Sept (month), 2024 (year).

Signature of authorized

Commission ethics.state.

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1218517

**Date Filed:**
09/24/2024

**Date Acknowledged:**
09/24/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Ancira Motorhomes, Inc
Boerne, 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, Texas

**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.**

08-24-P68-141
Police Motorhome

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1218793

**Date Filed:**
09/24/2024

**Date Acknowledged:**
09/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

MWL Lantern Arts LLC
Houston, TX United States

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

City of McAllen

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

09-24-NBI66-01
Building South Pole Walk-Thru Display

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

Docusign Envelope ID: CEBDC701-F253-4BFD-BD60-D0ECA16C2DCF

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1218793

**Date Filed:**
09/24/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
MWL Lantern Arts LLC
Houston, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
09-24-NBI66-01
Building South Pole Walk-Thru Display

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Yusi Cheng, and my date of birth is [redacted].

My address is 1000 N Post Oak Rd (street), Houston (city), Tx (state), 77055 (zip code), US (country).

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

Executed in Harris County, State of Tx, on the 24 day of 09 (month), 2024 (year).

Signed by: Yusi Cheng

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1216583

**Date Filed:**
09/19/2024

**Date Acknowledged:**
10/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RG ENTERPRISES, LLC
EDINBURG, TX United States

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

City of McAllen

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

NO. 08-24-C28-986
BOEYE RESERVOIR & REGIONAL DETENTION POND

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GARZA, RENE | Edinburg, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1216583

**Date Filed:**
09/19/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
RG ENTERPRISES, LLC
EDINBURG, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
NO. 08-24-C28-986
BOEYE RESERVOIR & REGIONAL DETENTION POND

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GARZA, RENE | Edinburg, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Rene Garza, and my date of birth is [redacted].

My address is 711 E. Wisconsin Rd. (street), Edinburg (city), TX (state), 78539 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 19 day of September (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1232345

Date Filed:
10/29/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TEDSI Infrastructure Group, Inc.
Mission, 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, Texas

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

Project #11-24-S07-01
PROJECT NO. 11-24-S07-01 DESIGN ENGINEERING SERVICES FOR THE 2ND STREET & WISCONSIN ROAD ROUNDABOUT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Salinas , Jesus | Mission, TX United States | X | |
| Morris, Jr. , Jules M. | Houston, TX United States | X | |
| Bright, Paul E. | Houston, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Jesus Salinas, and my date of birth is [redacted].

My address is 2111 Scout Lane (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 29th day of October (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232345

**Date Filed:**
10/29/2024

**Date Acknowledged:**
10/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

TEDSI Infrastructure Group, Inc.
Mission, 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, Texas

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

Project #11-24-S07-01
PROJECT NO. 11-24-S07-01 DESIGN ENGINEERING SERVICES FOR THE 2ND STREET & WISCONSIN ROAD ROUNDABOUT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Salinas , Jesus | Mission, TX United States | X | |
| Morris, Jr. , Jules M. | Houston, TX United States | X | |
| Bright, Paul E. | Houston, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1229767

**Date Filed:**
10/22/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Delta Fire & Safety Inc.
Port Neches, TX United States

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

City of McAllen

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

10-24-P03-01
PURCHASE OF BUNKER GEAR-COATS AND PANTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 3159 Summit Drive (street), Port Neches (city), TX (state), 77651 (zip code), USA (country).

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

Executed in Jefferson County, State of Texas, on the 22 day of October (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1229767

**Date Filed:**
10/22/2024

**Date Acknowledged:**
10/22/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Delta Fire & Safety Inc.
Port Neches, TX United States

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

City of McAllen

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

10-24-P03-01
PURCHASE OF BUNKER GEAR-COATS AND PANTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232469

**Date Filed:**
10/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Park Place Recreation Designs, Inc.
San Antonio, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-24-P05-01
PROJECT NO. 10-24-P05-01 REPLACEMENT PARTS FOR MIRACLE PLAYGROUNDS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ahrens, Andrew | San Antonio, TX United States | X | |
| Ahrens, Marilyn | San Antonio, TX United States | X | |
| Ahrens, Robert | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Marilyn Ahrens, and my date of birth is [redacted].

My address is 4225 Woodhaven Dr. (street), San Antonio (city), TX (state), 78218 (zip code), USA (country).

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

Executed in Bexar County, State of Texas, on the 29th day of October (month), 2024 (year).

Marilyn Ahrens

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232469

**Date Filed:**
10/29/2024

**Date Acknowledged:**
10/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Park Place Recreation Designs, Inc.
San Antonio, TX United States

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

City of McAllen

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

10-24-P05-01
PROJECT NO. 10-24-P05-01 REPLACEMENT PARTS FOR MIRACLE PLAYGROUNDS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Ahrens, Andrew | San Antonio, TX United States | X | |
| Ahrens, Marilyn | San Antonio, TX United States | X | |
| Ahrens, Robert | San Antonio, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232451

**Date Filed:**
10/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Consolidated Traffic Controls, Inc.
Arlington, 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, TX

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

10-24-P06-01
DOWNTOWN TRAFFIC SIGNALS ADDITIONAL LIGHTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| TRAMMELL, LES | RENDON, TX United States | X | |
| GOMEZ, RONNIE | RICHMOND, TX United States | | X |
| WALKER, DAVID | ARLINGTON, TX United States | X | |
| JONES, BRYAN | CLEBURNE, TX United States | X | |
| HALE, BOBBY | ROCKWALL, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232451

**Date Filed:**
10/29/2024

**Date Acknowledged:**
10/30/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Consolidated Traffic Controls, Inc.
Arlington, 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, TX

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

10-24-P06-01
DOWNTOWN TRAFFIC SIGNALS ADDITIONAL LIGHTS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| TRAMMELL, LES | RENDON, TX United States | X | |
| GOMEZ, RONNIE | RICHMOND, TX United States | | X |
| WALKER, DAVID | ARLINGTON, TX United States | X | |
| JONES, BRYAN | CLEBURNE, TX United States | X | |
| HALE, BOBBY | ROCKWALL, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232597

**Date Filed:**
10/29/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Motorola Solutions, Inc.
Houston, 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, TX

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

PROJECT NO. 10-24-P02-01
FIRE DEPT. PORTABLE, DUAL & SINGLE HEAD MOBILE RADIOS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 415 E. Exchange Pkwy. (street), Allen (city), TX (state), 75002 (zip code), USA (country).

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

Executed in Harris County, State of TX, on the 29 day of OCT (month), 20 24 (year).

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1232597

**Date Filed:**
10/29/2024

**Date Acknowledged:**
10/30/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Motorola Solutions, Inc.
Houston, 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, TX

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

PROJECT NO. 10-24-P02-01
FIRE DEPT. PORTABLE, DUAL & SINGLE HEAD MOBILE RADIOS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1229490

**Date Filed:**
10/22/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Valley Symphony Orchestra
McAllen, TX United States

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

City of McAllen

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

GF - 25 - VSO
Concerts and cultural experiences plus community and education oriented activities to enrich the lives of citizens of McAllen, TX and the greater Rio Grande Valley area.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is David Lobel, and my date of birth is [redacted]

My address is 1202 N 15th St (street), McAllen (city), TX (state), 78501 (zip code), USA. (country)

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

Executed in Hidalgo County, State of TX, on the 22 day of October (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1229490

**Date Filed:**
10/22/2024

**Date Acknowledged:**
10/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Valley Symphony Orchestra
McAllen, TX United States

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

City of McAllen

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

GF - 25 - VSO
Concerts and cultural experiences plus community and education oriented activities to enrich the lives of citizens of McAllen, TX and the greater Rio Grande Valley area.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1228558

**Date Filed:**
10/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Palm Valley Animal Society
Edinburg, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-24-NBI04-01
Animal Control Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Suzette Cruz, and my date of birth is [redacted].

My address is 2315 E 21st st (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of TX, on the 4 day of NOV (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1228558

**Date Filed:**
10/18/2024

**Date Acknowledged:**
11/01/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Palm Valley Animal Society
Edinburg, TX United States

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

City of Mcallen

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

10-24-NBI04-01
Animal Control Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1231577

**Date Filed:**
10/28/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Comfort House Services, Inc.
McAllen, TX United States

**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 DCMI

**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.**
DCMI25CH
We provide a homelike environment for the terminally ill to pass away in comfort and with dignity.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is David A. Perez, and my date of birth is [redacted].

My address is 617 Dallas Ave (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 28th day of Oct (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1231577

**Date Filed:**
10/28/2024

**Date Acknowledged:**
10/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Comfort House Services, Inc.
McAllen, TX United States

**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 DCMI

**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.**

DCMI25CH
We provide a homelike environment for the terminally ill to pass away in comfort and with dignity.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1231240

**Date Filed:**
10/25/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Lower Rio Grande Valley Community Health Management Corp., Inc. dba El Milagro Clinic
McAllen, 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.**

Development Corporation of McAllen Inc.

**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.**

DC-25-Milagro
Provision of Healthcare Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Marisol Resendez, and my date of birth is [redacted].

My address is 901 E. Vermont Ave (street), McAllen (city), TX (state), 78503 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 25 day of October (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1231240

**Date Filed:**
10/25/2024

**Date Acknowledged:**
10/29/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Lower Rio Grande Valley Community Health Management Corp., Inc. dba El Milagro Clinic
McAllen, 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.**

Development Corporation of McAllen Inc.

**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.**

DC-25-Milagro
Provision of Healthcare Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1235503

**Date Filed:**
11/06/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Affordable Homes of South Texas, Inc.
McAllen, TX United States

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

City of McAllen

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

DC-25-289175
Operation Expenses & Professional Services.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 1420 Erie Ave. (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 6th day of November (month), 20 24 (year).

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1235503

**Date Filed:**
11/06/2024

**Date Acknowledged:**
11/08/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Affordable Homes of South Texas, Inc.
McAllen, TX United States

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

City of McAllen

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

DC-25-289175
Operation Expenses & Professional Services.

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1235443

**Date Filed:**
11/06/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Boys & Girls Club of McAllen, Inc.
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
GF-24-289169
General Fund

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Dalinda Gonzalez-Alcantar, and my date of birth is [redacted].

My address is 1502 Hawk Circle (street), McAllen (city), TX (state), 78501 (zip code), USD (country).

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

Executed in Hidalgo County, State of TX, on the 1 day of 11 (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1235443

**Date Filed:**
11/06/2024

**Date Acknowledged:**
11/08/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Boys & Girls Club of McAllen, Inc.
McAllen, TX United States

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

City of McAllen

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

B-25-MC-48-0506
General Fund

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1233573

**Date Filed:**
10/31/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
McAllen Heritage Center
McAllen, 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.**
McAllen Heritage Center Inc.

**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.**
GF25MHC
History museum

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Kreidler, John | McAllen, TX United States | X | |
| Kinerk, Nedra | McAllen, TX United States | X | |
| Boultinghouse, Danny | McAllen, TX United States | X | |
| Stocker, William | Mcallen, TX United States | X | |
| Cerda, Elva | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Elva M. Cerda, and my date of birth is [redacted].

My address is 1225 W. Heron Ct., McAllen, TX, 78504, Hidalgo
(street) (city) (state) (zip code) (country)

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

Executed in HIDALGO County, State of Texas, on the 31 day of Oct., 2024.
(month) (year)

McAllen Heritage Center Inc.
Elva M. Cerda, Exec. Director

Elva M. Cerda

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1233573

**Date Filed:**
10/31/2024

**Date Acknowledged:**
11/08/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

McAllen Heritage Center
McAllen, 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.**

McAllen Heritage Center Inc.

**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.**

GF25MHC
History museum

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Kreidler, John | McAllen, TX United States | X | |
| Kinerk, Nedra | McAllen, TX United States | X | |
| Boultinghouse, Danny | McAllen, TX United States | X | |
| Stocker, William | Mcallen, TX United States | X | |
| Cerda, Elva | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1238503

**Date Filed:**
11/13/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Specialty Fleet Sales
Lindale , 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, Tx

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

PROJECT NO. 11-24-P11-01
PURCHASE OF ONE (1) 2023 FORD F550 4X4 CREW CAB

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 461 VZCR 4518 (street), Van (city), Tx (state), 75790 (zip code), USA (country).

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

Executed in Smith County, State of Tx, on the 13th day of November (month), 20 24 (year).

Christian Cole
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1238503

**Date Filed:**
11/13/2024

**Date Acknowledged:**
11/13/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Specialty Fleet Sales
Lindale , 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, Tx

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

PROJECT NO. 11-24-P11-01
PURCHASE OF ONE (1) 2023 FORD F550 4X4 CREW CAB

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239508

**Date Filed:**
11/15/2024

**Date Acknowledged:**
11/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Chanin Engineering, LLC
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Chanin Engineering, LLC | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239508

**Date Filed:**
11/15/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Chanin Engineering, LLC
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Chanin Engineering, LLC | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Hector Ramirez, and my date of birth is [redacted].

My address is 400 W. Nolana Ave, Suite H2 (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 15 day of November (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239550

**Date Filed:**
11/15/2024

**Date Acknowledged:**
11/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GREEN, RUBIANO & ASSOCIATES, INC
HARLINGEN, 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.**

CITYOF 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.**

06-24-S58-916
PROJECT NO. 06-24-S58-916 - DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| RUBIANO, ROLANDO | Harlingen, TX United States | X | |
| CAVAZOS, HERIBERTO | Harlingen, TX United States | X | |
| RUBIANO, CYNTHIA | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239550

**Date Filed:**
11/15/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GREEN, RUBIANO & ASSOCIATES, INC
HARLINGEN, 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.**

CITYOF 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.**

06-24-S58-916
PROJECT NO. 06-24-S58-916 - DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| RUBIANO, ROLANDO | Harlingen, TX United States | X | |
| CAVAZOS, HERIBERTO | Harlingen, TX United States | X | |
| RUBIANO, CYNTHIA | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is CYNTHIA C RUBIANO, and my date of birth is [redacted].

My address is 518 E WOODLAND DR (street), HARLINGEN (city), TX (state), 78550 (zip code), USA (country).

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

Executed in CAMERON County, State of TEXAS, on the 15TH day of NOVEMBER (month), 2024 (year).

Cynthia C Rubiano

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239553

**Date Filed:**
11/15/2024

**Date Acknowledged:**
11/15/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

The Alex Group, LLC
Carrollton, TX United States

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

City of McAllen

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

06-24-S58-916
MECHANICAL, ELECTRICAL & PLUMBING ENGINEERING (MEP)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239553

**Date Filed:**
11/15/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
The Alex Group, LLC
Carrollton, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
06-24-S58-916
MECHANICAL, ELECTRICAL & PLUMBING ENGINEERING (MEP)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 2761 E. TRINITY MILLS RD., SUITE 108, CARROLLTON, TX 75006, _____, USA.
(street) (city) (state) (zip code) (country)

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

Executed in DALLAS County, State of TEXAS, on the 15 day of NOV., 2024.
(month) (year)

Alex Gholmieh, PE
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239224

**Date Filed:**
11/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Climatec, LLC
McAllen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-24-C02-01
PUBLIC WORKS HVAC REPAIR PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Bryan Weidenbach, and my date of birth is [redacted].

My address is 1632 West Walnut Hill Lane (street), Irving (city), TX (state), 75038 (zip code), USA (country).

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

Executed in Dallas County, State of Texas, on the 18th day of November (month), 20 24 (year).

Bryan Weidenbach
Digitally signed by Bryan Weidenbach
Date: 2024.11.18 12:18:15 -06'00'

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239224

**Date Filed:**
11/15/2024

**Date Acknowledged:**
11/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Climatec, LLC
McAllen, TX United States

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

City of McAllen

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

10-24-C02-01
PUBLIC WORKS HVAC REPAIR PROJECT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1240162

Date Filed:
11/18/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ARGIO Roofing & Construction, LLC
Harlingen, TX United States

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

City of McAllen

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

07-22-C33-403 - CO #04
PROJECT NO. 07-22-C33-403 - CO #04 ; MCALLEN INTERNATIONAL AIRPORT TERMINAL ROOF REPLACEMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of Interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| ARGIO Roofing & Construction, LLC | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Rogerio G. Escobedo, and my date of birth is ____.

My address is 29729 Norman Rd. (street), Rio Hondo (city), TX (state), 78583 (zip code), USA (country).

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

Executed in Cameron County, State of Texas, on the 18th day of Nov. (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1240162

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

ARGIO Roofing & Construction, LLC
Harlingen, TX United States

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

City of McAllen

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

07-22-C33-403 - CO #04
PROJECT NO. 07-22-C33-403 - CO #04 ; MCALLEN INTERNATIONAL AIRPORT TERMINAL ROOF REPLACEMENT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| ARGIO Roofing & Construction, LLC | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1238022

**Date Filed:**
11/12/2024

**Date Acknowledged:**
11/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Oyervides tire service llc
mission, TX United States

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

City Of Mcallen

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

10-24-S02-60
Tire repair services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1238022

**Date Filed:**
11/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Oyervides tire service llc
mission, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-24-S02-60
Tire repair services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Gonzalo oyervides, and my date of birth is [redacted]

My address is 1505 Marble Street Pharr, TX, 78576, Hidalgo
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 12 day of Nov (month), 20 24 (year).

Gonzalo oyervides
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239902

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

DBR Engineering Consultants, Inc.
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL) - MEP Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Jenkins, Brian | Houston, TX United States | X | |
| Uhlrich, Brian | San Antonio, TX United States | X | |
| MacDonald, Erik | Houston, TX United States | X | |
| Meister, William | Houston, TX United States | X | |
| Roland, Kenneth | Dallas, TX United States | X | |
| Moe, Brent | Houston, TX United States | X | |
| West, Carrie | Houston, TX United States | X | |
| Pfeiffer, Kevin | Houston, TX United States | X | |
| Puentes, Edward | McAllen, TX United States | X | |
| Morton, D. Zac | San Antonio, TX United States | X | |
| Jones, Adam | Houston, TX United States | X | |
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# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239902

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/18/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

DBR Engineering Consultants, Inc.
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL) - MEP Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239902

**Date Filed:**
11/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

DBR Engineering Consultants, Inc.
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL) - MEP Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Jenkins, Brian | Houston, TX United States | X | |
| Uhlrich, Brian | San Antonio, TX United States | X | |
| MacDonald, Erik | Houston, TX United States | X | |
| Meister, William | Houston, TX United States | X | |
| Roland, Kenneth | Dallas, TX United States | X | |
| Moe, Brent | Houston, TX United States | X | |
| West, Carrie | Houston, TX United States | X | |
| Pfeiffer, Kevin | Houston, TX United States | X | |
| Puentes, Edward | McAllen, TX United States | X | |
| Morton, D. Zac | San Antonio, TX United States | X | |
| Jones, Adam | Houston, TX United States | X | |
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# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239902

**Date Filed:**
11/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

DBR Engineering Consultants, Inc.
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL) - MEP Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Hugo Avila, PE, and my date of birth is [redacted].

My address is 200 South 10th Street, Suite 901 (street), McAllen (city), TX (state), 78501 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 18 day of Nov. (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239817

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RRP Consulting Engineers LLC
Houston, TX United States

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

City of McAllen

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

06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Daniel, Rios | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239817

**Date Filed:**
11/18/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
RRP Consulting Engineers LLC
Houston, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Daniel, Rios | McAllen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Daniel O. Rios, PE, and my date of birth is [redacted].

My address is 5400 N. 10th St. (street), McAllen (city), TX (state), 78504 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 18 day of November (month) 20 24 (year).

Daniel O. Rios

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1241145

**Date Filed:**
11/20/2024

**Date Acknowledged:**
11/20/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Galls, LLC
Lexington, KY United States

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

City of McAllen

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

11-24-P10-01
PURCHASE OF FIRE DEPARTMENT UNIFORM

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1241145

**Date Filed:**
11/20/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Galls, LLC
Lexington, KY United States

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

City of McAllen

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

11-24-P10-01
PURCHASE OF FIRE DEPARTMENT UNIFORM

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Mike Fadden, and my date of birth is [redacted].

My address is 1340 Russell Cave Road (street), Lexington (city), Ky (state), 40505 (zip code), USA (country).

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

Executed in Fayette County, State of Kentucky, on the 20th day of November (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1242217

**Date Filed:**
11/21/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

REAGAL STUDIOS, LLC DBA POLLUX-CASTOR, INC.
MCALLEN, TX United States

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

CITY OF MCALLEN

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

09-21-S53-107
PROJECT NO. 09-21-S53-107 – AMENDMENT 37; AVIATION MARKETING AND CONSULTING SERVICES AT MCALLEN INTERNATIONAL AIRPORT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GARCIA, ADAN | MCALLEN, TX United States | X | |
| LAURIN, LYNDA L | MCALLEN, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Adan G. garcia, and my date of birth is [redacted].

My address is 4413 QUINCE AVE (street), MCALLEN (city), TX (state), 78501 (zip code), USA (country).

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

Executed in HIDALGO County, State of TX, on the 21 day of NOVEMBER (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1242217

**Date Filed:**
11/21/2024

**Date Acknowledged:**
11/21/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

REAGAL STUDIOS, LLC DBA POLLUX-CASTOR, INC.
MCALLEN, TX United States

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

CITY OF MCALLEN

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

09-21-S53-107
PROJECT NO. 09-21-S53-107 – AMENDMENT 37; AVIATION MARKETING AND CONSULTING SERVICES AT MCALLEN INTERNATIONAL AIRPORT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GARCIA, ADAN | MCALLEN, TX United States | X | |
| LAURIN, LYNDA L | MCALLEN, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239241

**Date Filed:**
11/15/2024

**Date Acknowledged:**
11/25/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Holt Texas, LTD (dba Holt Cat)
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 being filed.**

City of McAllen

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

PROJECT NO. 10-24-P04-01
PROJECT NO. 10-24-P04-01 PURCHASE OF ONE (1) NEW MOTOR GRADER THROUGH SOURCEWELL CONTRACT NO. 011723-CAT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Holt, Peter | San Antonio, TX United States | X | |
| Holt Richter, Corinna | San Antonio, TX United States | X | |
| Moreno, Hank | San Antonio, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

Docusign Envelope ID: BFAE196A-0375-4721-95F1-535A25287031

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1239241

**Date Filed:**
11/15/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Holt Texas, LTD (dba Holt Cat)
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 being filed.**
City of McAllen

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 10-24-P04-01
PROJECT NO. 10-24-P04-01 PURCHASE OF ONE (1) NEW MOTOR GRADER THROUGH SOURCEWELL CONTRACT NO. 011723-CAT

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Holt, Peter | San Antonio, TX United States | X | |
| Holt Richter, Corinna | San Antonio, TX United States | X | |
| Moreno, Hank | San Antonio, TX United States | | X |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Michael Puryear, and my date of birth is [redacted].

My address is 5665 Southeast Loop 410 (street), San Antonio (city), Tx (state), 78222 (zip code), USA (country).

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

Executed in Bexar County, State of Texas, on the 15 day of November (month), 20 24 (year).

DocuSigned by:
Michael Puryear
03B0D34FE88E413...

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243130

**Date Filed:**
11/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Aqua-Metric Sales Company
Selma, 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, Texas

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
PROJECT NO. 11-24-P15-01
DIVERSE WATER METERS & TRANSCEIVERS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Christopher Newville, and my date of birth is [redacted].

My address is 16914 Alamo Parkway, Building 2 (street), Selma (city), TX (state), 78154 (zip code), USA (country).

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

Executed in Guadalupe County, State of Texas, on the 26 day of November (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243130

**Date Filed:**
11/26/2024

**Date Acknowledged:**
11/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aqua-Metric Sales Company
Selma, 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, Texas

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

PROJECT NO. 11-24-P15-01
DIVERSE WATER METERS & TRANSCEIVERS

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1240710

**Date Filed:**
11/19/2024

**Date Acknowledged:**
11/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Nelco Media Inc
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 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.**

TIPS CONTRACT 230105
PROJECT NO 11-24-P09-01 PURCHASE OF CONTROL ROOM EQUIPMENT THROUGH TIPS CONTRACT NO. 230105

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1240710

**Date Filed:**
11/19/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Nelco Media Inc
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 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.**
TIPS CONTRACT 230105
PROJECT NO 11-24-P09-01 PURCHASE OF CONTROL ROOM EQUIPMENT THROUGH TIPS CONTRACT NO. 230105

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Philip Nelson, and my date of birth is [redacted].

My address is 1102 Custer Pass St., San Antonio, Tx, 78232, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Bexar County, State of Texas, on the 21 day of November (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243375

**Date Filed:**
11/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GO UNDERGROUND LLC
Harlingen, TX United States

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

City of McAllen

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

06-23-C34-586
Change Order No. #1 -Jackson Hike & Bike PH II

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GO Underground, LLC. | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is George Olivares, and my date of birth is [redacted].

My address is 211 W. Jefferson Ave., Ste. 7 (street), Harlingen (city), Tx (state), 78550 (zip code), USA (country).

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

Executed in Cameron County, State of Texas, on the 26 day of November (month), 20 24 (year).

George Olivares

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243375

**Date Filed:**
11/26/2024

**Date Acknowledged:**
11/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

GO UNDERGROUND LLC
Harlingen, TX United States

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

City of McAllen

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

06-23-C34-586
Change Order No. #1 -Jackson Hike & Bike PH II

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| GO Underground, LLC. | Harlingen, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243469

**Date Filed:**
11/26/2024

**Date Acknowledged:**
11/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Arguindegui Oil Co. II, Ltd
Laredo, TX United States

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

City of McAllen

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

Project No. 11-24-SP03-101
Purchase and Delivery of Fuel

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243469

**Date Filed:**
11/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Arguindegui Oil Co. II, Ltd
Laredo, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
Project No. 11-24-SP03-101
Purchase and Delivery of Fuel

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Beto Lopez, and my date of birth is [redacted].

My address is 6551 Star Court (street), Laredo (city), TX (state), 78041 (zip code), USA (country).

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

Executed in Webb County, State of Texas, on the 26 day of November (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243490

**Date Filed:**
11/26/2024

**Date Acknowledged:**
11/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

CHLH Engineering, LLC
Mcallen, TX United States

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

City of McAllen

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

06-24-S58-916
Structural Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243490

**Date Filed:**
11/26/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
CHLH Engineering, LLC
Mcallen, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
06-24-S58-916
Structural Engineering

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Cloromiro Hinojosa Jr., and my date of birth is [redacted].

My address is 701 S. 15th St., McAllen, TX, 78501, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 26 day of Nov, 2024.
(month) (year)

C Hinojosa Jr.

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243988

**Date Filed:**
12/02/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Heffner Design Team, PLLC
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 08-24-S70-235
REQUEST FOR STATEMENT OF QUALIFICATIONS FOR A LANDSCAPE ARCHITECT FOR SCHOOLYARD FOREST

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _ [redacted] _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

Andrew T. Heffner

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243988

**Date Filed:**
12/02/2024

**Date Acknowledged:**
12/02/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Heffner Design Team, PLLC
McAllen, TX United States

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

City of McAllen

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

PROJECT NO. 08-24-S70-235
REQUEST FOR STATEMENT OF QUALIFICATIONS FOR A LANDSCAPE ARCHITECT FOR SCHOOLYARD FOREST

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243663

**Date Filed:**
11/27/2024

**Date Acknowledged:**
12/02/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RENOWORKS, LLC
Edinburg, TX United States

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

CITY OF MCALLEN

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

#10-24-C03-464
Alley Rehabilitation Sec. A

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1243663

**Date Filed:**
11/27/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

RENOWORKS, LLC
Edinburg, TX United States

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

CITY OF MCALLEN

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

#10-24-C03-464
Alley Rehabilitation Sec. A

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 2705 E Davis Rd. (street), Edinburg (city), TX (state), 78542 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 27 day of Nov. (month), 20 24 (year).

Rene Olivarez
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1221279

**Date Filed:**
10/01/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Austin Wood Recycling, Inc.
Hutto, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
10-24-S01-127
Grinding of Brush and Wood Waste

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Martin, Michael | Hutto, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Michael Yaw, and my date of birth is [redacted].

My address is 2100 Co Rd 118 (street), Hutto (city), TX (state), 78634 (zip code), USA (country).

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

Executed in Williasmon County, State of Texas, on the 1st day of October (month), 2024 (year).

Michael Yaw (Oct 1, 2024 13:32 CDT)

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1221279

**Date Filed:**
10/01/2024

**Date Acknowledged:**
12/04/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Austin Wood Recycling, Inc.
Hutto, TX United States

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

City of McAllen

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

10-24-S01-127
Grinding of Brush and Wood Waste

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Martin, Michael | Hutto, TX United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1240317

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Halff Associates, Inc.
Richardson, TX United States

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

City of McAllen

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

06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Baker Daily, Jessica | Richardson, TX United States | X | |
| Bertram , Shawn | Austin , TX United States | X | |
| Cranston, Shaun | Austin, TX United States | X | |
| Delgado, Jose | McAllen, TX United States | X | |
| Engelhardt, Cindy | Austin, TX United States | X | |
| French, Sherri | Frisco, TX United States | X | |
| Hollis, Leigh | Frisco, TX United States | X | |
| Ickert , Andrew | Fort Worth, TX United States | X | |
| Jackson , Todd | Austin, TX United States | X | |
| Miller, Steven | Austin, TX United States | X | |
| Moya, Michael | Austin, TX United States | X | |
| Murray, Menton | McAllen, TX United States | X | |
| Pylant, Ben | Fort Worth , TX United States | X | |
| Sagel, Joseph | Richardson, TX United States | X | |
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# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1240317

**Date Filed:**
11/18/2024

**Date Acknowledged:**
11/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Halff Associates, Inc.
Richardson, TX United States

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

City of McAllen

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

06-24-S58-916
DESIGN SERVICES FOR VARIOUS MUNICIPAL PROJECTS (MEP & STRUCTURAL

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1244596

**Date Filed:**
12/03/2024

**Date Acknowledged:**
12/04/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Solorio, Inc.
Mission, TX United States

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

City of McAllen

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

City of McAllen
Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1244596

**Date Filed:**
12/03/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Solorio, Inc.
Mission, TX United States

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

City of McAllen

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

City of McAllen
Engineering Services

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is Simon G. Solorio, PE, and my date of birth is [redacted].

My address is 108 Cleo Dawson St (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of TX, on the 3 day of December (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1248557

**Date Filed:**
12/12/2024

**Date Acknowledged:**
12/12/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Toter, LLC
Statesville, NC 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, TX

**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. 12-24-P19-01
PROJECT NO. 12-24-P19-01 PURCHASE OF TRASH AND RECYCLING BINS THROUGH OMNIA

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Toter, LLC | Statesville, NC United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

Docusign Envelope ID: 7C307B20-304B-4883-8E48-5E03E203695E

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1248557

**Date Filed:**
12/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Toter, LLC
Statesville, NC 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, TX

**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. 12-24-P19-01
PROJECT NO. 12-24-P19-01 PURCHASE OF TRASH AND RECYCLING BINS THROUGH OMNIA

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Toter, LLC | Statesville, NC United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Laura P. Hubbard, and my date of birth is [redacted].

My address is 841 Meacham Road (street), Statesville (city), NC (state), 28677 (zip code), USA (country).

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

Executed in Iredell County, State of NC, on the 12th day of December (month), 20 24 (year).

DocuSigned by:
Laura Hubbard
834FF567BB0940B...

Signature of authorized agent of contracting business entity
(Declarant) Laura P. Hubbard , Director of Municipal Sales

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1248791

**Date Filed:**
12/12/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Diverse Construction
Brownsville, 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 - Purchasing & Contracting Dept.

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

10-24-C04-508
Balboa Ditch Sluice Gate Improvements

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted] _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1248791

**Date Filed:**
12/12/2024

**Date Acknowledged:**
12/16/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Diverse Construction
Brownsville, 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 - Purchasing & Contracting Dept.

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

10-24-C04-508
Balboa Ditch Sluice Gate Improvements

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1247993

**Date Filed:**
12/11/2024

**Date Acknowledged:**
12/17/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Box Gang Manufacturing LLC
Houston, TX United States

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

City of McAllen

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

CONTRACT NO. 694-23
PROJECT NO. 12-24-P18-01 PURCHASE OF COMMERCIAL DUMPSTERS THROUGH BUYBOARD CONTRACT NO. 694-23

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1247993

**Date Filed:**
12/11/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
Box Gang Manufacturing LLC
Houston, TX United States

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

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**
CONTRACT NO. 694-23
PROJECT NO. 12-24-P18-01 PURCHASE OF COMMERCIAL DUMPSTERS THROUGH BUYBOARD CONTRACT NO. 694-23

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is RAFAEL MARTIN, and my date of birth is [redacted].

My address is 5811 N OSSINEKE, SPRING, TX, 77386, .
(street) (city) (state) (zip code) (country)

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

Executed in HARRIS County, State of TX, on the 17 day of DEC (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

Certificate Number:
2024-1251356

Date Filed:
12/19/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Doggett Freightliner of South Texas, LLC
Pharr, TX United States

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

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.
11-24-P13-01
PURCHASE OF TWO (2) ROLL-OFF TRUCKS (B8)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Mark W. Brunnemann, and my date of birth is [redacted].

My address is 3103 N. Cage Blvd, (street) Pharr (city) TX (state) 78577 (zip code) US (country).

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

Executed in Hidalgo County, State of TX, on the 19 day of Dec (month), 2024 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1251356

**Date Filed:**
12/19/2024

**Date Acknowledged:**
12/19/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Doggett Freightliner of South Texas, LLC
Pharr, TX United States

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

City of McAllen

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

11-24-P13-01
PURCHASE OF TWO (2) ROLL-OFF TRUCKS (BB)

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1233699

**Date Filed:**
10/31/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

The RGV Inclusive Project, LLC dba Christian's Manor
McAllen, 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 Grant Administration Office

**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.**

DC25CManor
Christian's Manor is buying a piece of property at 2336 Jordan Ave, McAllen TX. The grant funds will be used to help cover the construction cost to build two units (a duplex).

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is [redacted].

My address is 1601 Palazzo (street), Mission (city), TX (state), 78572 (zip code), USA (country).

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

Executed in Hidalgo County, State of Texas, on the 1 day of November (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1233699

**Date Filed:**
10/31/2024

**Date Acknowledged:**
12/10/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

The RGV Inclusive Project, LLC dba Christian's Manor
McAllen, 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 Grant Administration Office

**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.**

DC25CManor
Christian's Manor is buying a piece of property at 2336 Jordan Ave, McAllen TX. The grant funds will be used to help cover the construction cost to build two units (a duplex).

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
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**5 Check only if there is NO Interested Party.** [X]

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____County, State of _____, on the _____day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1251304

**Date Filed:**
12/19/2024

**Date Acknowledged:**
12/26/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aqua-Metric Sales Company
Selma, 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, Texas

**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. 12-24-P21-01
PURCHASE OF 1" – IPERL METERS, 2" OMNI METERS AND ACCESSORIES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

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

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

**FORM 1295**



Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

**OFFICE USE ONLY**
**CERTIFICATION OF FILING**

**Certificate Number:**
2024-1251304

**Date Filed:**
12/19/2024

**Date Acknowledged:**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Aqua-Metric Sales Company
Selma, 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, Texas

**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. 12-24-P21-01
PURCHASE OF 1" – IPERL METERS, 2" OMNI METERS AND ACCESSORIES

| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|---|---|---|
| | | Controlling | Intermediary |
| Thirkettle, Tommy | Riverside, CA United States | X | |
| Thirkettle, Chris | Riverside, CA United States | X | |
| Thirkettle, Lea | Riverside, CA United States | X | |
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**5 Check only if there is NO Interested Party.** ☐

**6 UNSWORN DECLARATION**

My name is Christopher Newville, and my date of birth is [redacted].

My address is 16914 Alamo Parkway, Building 2 (street), Selma (city), TX (state), 78154 (zip code), USA (country).

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

Executed in Guadalupe County, State of Texas, on the 23 day of December (month), 20 24 (year).

Signature of authorized agent of contracting business entity
(Declarant)