

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

Complete Nos. 1 - 4 and 6 if there are interested parties. Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.	<b>OFFICE USE ONLY</b> <b>CERTIFICATION OF FILING</b>
<b>1 Name of business entity filing form, and the city, state and country of the business entity's place of business.</b> HALFF ASSOCIATES, INC. MCALLEN, TX United States	Certificate Number: 2020-666175  Date Filed: 09/10/2020
<b>2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.</b> Hidalgo County	Date Acknowledged: 09/10/2020

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 C-20-187-06-16  
 Remodel and Repair of Modular Building W/A #1 for "2020-187-06-16 Remodel and Repair of Modular Building"

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

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	Jackson, Todd	Austin, TX United States	X	
	Kunz, Pat	Richardson, TX United States	X	
	Ickert, Andrew	Fort Worth, TX United States	X	
	Edwards, Mark	Richardson, TX United States	X	
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			Controlling	Intermediary


5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Jose Alberto Delgado, and my date of birth is 06/05/1978.  
My address is 2917 La Puerta Ave, Edinburg, TX, 78541, 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 10 day of September, 2020.  
(month) (year)

  
Signature of authorized agent of contracting business entity (Declarant)