## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

| L   |   |   |  |  | 1 of 1         |  |  |  |
|---|---|---|--|--|----------------|--|--|--|
|   | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.   | CEF                                       | OFFICE USE ONLY<br>CERTIFICATION OF FILING |  |                |  |  |  |
| 1   | Name of business entity filing form, and the city, state and country of the business entity's place of business.  |   |  | Certificate Number:<br>2017-166280       |                |  |  |  |
|   | McLean Construction   |   | 1011 100100                                |  |                |  |  |  |
|   | killeen, TX United States   | Date Filed:                               |  |  |                |  |  |  |
| 2   | Name of governmental entity or state agency that is a party to the contract for which the form is being filed.  |   |  | 02/14/2017                               |                |  |  |  |
|   | City of Killeen   |   |  | Date Acknowledged:                       |                |  |  |  |
| 3   | Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract. |   |  |  |                |  |  |  |
|   | CSJ 0909-36-147<br>CO#13 Deduct Work Zone Stripe, Plane Asphalt   |   |  |  |                |  |  |  |
| 4   | Name of Interested Party  | City, State, Country (place of business)  |  | Nature of interest<br>(check applicable) |                |  |  |  |
|   | Name of Interested Party  |   |  | Controlling                              | Intermediary   |  |  |  |
| N   | Iclean Construction   | killeen, TX United States                 |  | x  |                |  |  |  |
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|   |   |   |  |  |                |  |  |  |
| 5   | Check only if there is NO Interested Party.   | 0   |  |  |                |  |  |  |
| 6   | AFFIDAVIT I swear, or   | affirm-under penalty of perjury, that the | above                                      | disclosure is true                       | e and correct. |  |  |  |
| MARIO S VILLALPANDO<br>Notary Public, State of Texas<br>Comm. Expires 01-13-2020<br>Notary ID 128848540 |   |   |  |  |                |  |  |  |
|   | AFFIX NOTARY STAMP / SEAL ABOVE   |   |  |  |                |  |  |  |
|   | Sworn to and subscribed before me, by the said $Steves$ S<br>20_4, to certify which, witness my hand and seal of office.  | L day of Z                                | EB   |  |                |  |  |  |
| ·   | Mario Villa Pando<br>Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath   |   |  |  |                |  |  |  |

Forms provided by Texas Ethics Commission

## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

1 of 1

|  |   |  |                            |                                    |                                  | 1011         |  |  |  |
|--|---|--|----------------------------|------------------------------------|----------------------------------|--------------|--|--|--|
|  | Complete Nos. 1 - 4 and 6 if there are interested parties.<br>Complete Nos. 1, 2, 3, 5, and 6 if there are no interested part | OFFICE USE ONLY<br>CERTIFICATION OF FILING   |                            |                                    |                                  |              |  |  |  |
| 1  | lame of business entity filing form, and the city, state and country of the business entity's place f business.               |  |                            | Certificate Number:<br>2017-166280 |                                  |              |  |  |  |
|  | McLean Construction   | 2011 100200  |                            |                                    |                                  |              |  |  |  |
|  | killeen, TX United States   | Date Filed:  |                            |                                    |                                  |              |  |  |  |
| 2  | lame of governmental entity or state agency that is a party to the contract for which the form is                             |  |                            |                                    | 02/14/2017                       |              |  |  |  |
|  | being filed.  | Data Asknowledged  |                            |                                    |                                  |              |  |  |  |
|  | City of Killeen   |  |                            |                                    | Date Acknowledged:<br>03/06/2017 |              |  |  |  |
| 3  | Provide the identification number used by the government description of the services, goods, or other property to b           | rnmental entity or state agency to track or identify the contract, and provide a<br>y to be provided under the contract. |                            |                                    |                                  |              |  |  |  |
|  | CSJ 0909-36-147   |  |                            |                                    |                                  |              |  |  |  |
|  | CO#13 Deduct Work Zone Stripe, Plane Asphalt  | Zone Stripe, Plane Asphalt   |                            |                                    |                                  |              |  |  |  |
|  |   | 1  |                            |                                    | Nature o                         | of interest  |  |  |  |
| 4  | Name of Interested Party City, State, Country (place of bus   |  | iess)                      | (check applicable)                 |                                  |              |  |  |  |
|  |   |  |                            |                                    | Controlling                      | Intermediary |  |  |  |
| Mclean Construction  |   |  | killeen, TX United States  | x                                  |                                  |              |  |  |  |
|  |   |  |                            |                                    |                                  |              |  |  |  |
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|  |   |  |                            |                                    |                                  |              |  |  |  |
| 5  | Check only if there is NO Interested Party.   |  |                            |                                    |                                  |              |  |  |  |
| 6  | AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.                        |  |                            |                                    |                                  |              |  |  |  |
|  |   |  |                            |                                    |                                  |              |  |  |  |
|  | _   |  |                            |                                    |                                  |              |  |  |  |
|  |   | Signature of authorized agent of contracting business entity   |                            |                                    |                                  |              |  |  |  |
|  | AFFIX NOTARY STAMP / SEAL ABOVE   |  |                            |                                    |                                  |              |  |  |  |
|  | Sworn to and subscribed before me, by the said  |  | , this the                 |                                    | day of                           | ,            |  |  |  |
|  | 20, to certify which, witness my hand and seal of of  | office.  |                            |                                    |                                  |              |  |  |  |
|  |   |  |                            |                                    |                                  |              |  |  |  |
|  | Signature of officer administering oath Printed n   | name of (  | officer administering oath | Title of                           | officer administer               | ring oath    |  |  |  |
| Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath |   |  |                            |                                    |                                  |              |  |  |  |