

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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

## OFFICE USE ONLY CERTIFICATION OF FILING

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

Certificate Number:  
2017-228117

Date Filed:  
06/23/2017

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

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.**  
C-15-160-09-15 (Amended)  
Professional Architectural services for the Precinct 2 Palmer Pavilion/Les Gilmore Kitchen Renovations and Upgrades. This is the 2nd amendment to this contract.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Sam Garcia Architect, LLC	McAllen, TX United States	X	

**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.



*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Sam Garcia, this the 23<sup>rd</sup> day of June, 2017, to certify which, witness my hand and seal of office.

*[Handwritten Signature]*  
\_\_\_\_\_  
Signature of officer administering oath

Tirzah Ann Rivera  
\_\_\_\_\_  
Printed name of officer administering oath

State of Texas Notary  
\_\_\_\_\_  
Title of officer administering oath

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1 of 1

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**Certificate Number:**  
 2017-228117

**Date Filed:**  
 06/23/2017

**Date Acknowledged:**  
 06/26/2017

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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 office.

\_\_\_\_\_  
 Signature of officer administering oath      Printed name of officer administering oath      Title of officer administering oath