

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

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

## OFFICE USE ONLY CERTIFICATION OF FILING

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 CC Distributors, Inc.  
 Corpus Christi, TX United States

**Certificate Number:**  
 2019-568447

**Date Filed:**  
 12/10/2019

**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:**  
 12/11/2019

**3 Provide the identification number used by the governmental entity or state 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-19-233a  
 Janitorial and Industrial Chemicals & Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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)

me

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CC Distributors, 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.

Hidalgo County

3 Provide the identification number used by the governmental entity or state 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-19-233a  
Janitorial and Industrial Chemicals & Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Michael Hill, and my date of birth is 04/10/1966.

My address is 210 McBride Lane, Corpus Christi, TX, 78408, US.  
(street) (city) (state) (zip code) (country)

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

Executed in Nueces County, State of Texas, on the 10 day of December 2019.  
(month) (year)

Signature of authorized agent of contracting business entity  
(Declarant)

# CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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## OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2019-568304

Date Filed:  
12/09/2019

Date Acknowledged:  
12/10/2019

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
gulf coast paper co  
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.**  
Hidalgo County

**3 Provide the identification number used by the governmental entity or state 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-19-233  
Janitorial & Industrial Chemical and Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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

1 of 1

Complete Nos. 1 - 4 and 6 if there are interested parties.  
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### OFFICE USE ONLY CERTIFICATION OF FILING

Certificate Number:  
2019-568304

Date Filed:  
12/09/2019

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
gulf coast paper co  
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.  
Hidalgo County

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C-19-233  
Janitorial & Industrial Chemical and Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested Party.

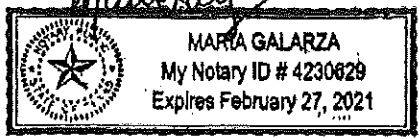
6 UNSWORN DECLARATION

My name is Jorge A. Guerra, and my date of birth is 5-23-1967.

My address is 105 W. Dominion Dr. (street), Hanlingen (city), TX (state), 78550 (zip code), US (country).

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

Executed in Camerton County, State of TEXAS, on the 10 day of Dec, 2019.  
(month) (year)



[Signature]  
Signature of authorized agent of contracting business entity (Declarant)

# CERTIFICATE OF INTERESTED PARTIES

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Complete Nos. 1 - 4 and 6 if there are interested parties.  
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**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.**  
 Matera Paper Company dba Ferguson Facilities Supply  
 SAN ANTONIO, TX United States

Certificate Number:  
 2019-556285

Date Filed:  
 10/29/2019

**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:  
 12/10/2019

**3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.**  
 RFB #2019-233-10-30-MEG  
 Janitorial and Industrial Chemicals & Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary

**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**

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**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.

Matera Paper Company dba Ferguson Facilities Supply  
SAN ANTONIO, TX United States

Certificate Number:  
2019-556285

Date Filed:  
10/29/2019

Date Acknowledged:

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

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

RFB #2019-233-10-30-MEG  
Janitorial and Industrial Chemicals & Supplies

4	Name of Interested Party	City, State, Country (place of business)	Nature of Interest (check applicable)	
			Controlling	Intermediary

5 Check only if there is NO interested Party.

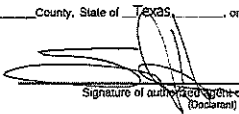
**6 UNSWORN DECLARATION**

My name is Sylvia Herrera and my date of birth is 10-29-2019

My address is 2349 Pollex Drive Corpus Christi TX 78415 USA  
(street) (city) (state) (zip code) (country)

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

Executed in Nueces county, State of Texas, on the 29th day of October, 2019.  
(month) (year)

  
\_\_\_\_\_  
Signature of authorized agent of contracting business entity  
(Declarant)

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 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.**  
 PYRAMID SCHOOL PRODUCTS  
 TAMPA, FL United States

Certificate Number:  
 2019-568495

Date Filed:  
 12/10/2019

**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:  
 12/10/2019

**3 Provide the identification number used by the governmental entity or state 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-19-233c  
 JANITORIAL & INDUSTRIAL CHEMICALS & SUPPLIES

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	MILLER, LARRY	TAMPA, FL United States	X	
	MILLER, KENNETH	TAMPA, FL 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)

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## 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.

PYRAMID SCHOOL PRODUCTS  
TAMPA, FL United States

Certificate Number:  
2019-568495

Date Filed:  
12/10/2019

Date Acknowledged:

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

HIDALGO COUNTY

3 Provide the identification number used by the governmental entity or state 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-19-233c  
JANITORIAL & INDUSTRIAL CHEMICALS & SUPPLIES

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
MILLER, LARRY	TAMPA, FL United States	X	
MILLER, KENNETH	TAMPA, FL United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Kenneth D. Miller, and my date of birth is 8-18-57.

My address is 6510 N. 54th St. Tampa FL 33610 USA  
(street) (city) (state) (zip code) (country)

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

Executed in Hillsborough County, State of FL, on the 10th day of December, 2019.  
(month) (year)

Kenneth D. Miller

Signature of authorized agent of contracting business entity  
(Declarant)