

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
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	CERTIFICATION OF FILING Certificate Number: 2022-965415 Date Filed: 12/16/2022 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.

Purchase of SS 125D - HC PCT 2
Pavement Preservation Equipment

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Gautier, Gail	Chandler, AZ United States	X	
Stabler, Robert	Chandler, AZ United States	X	
Kelly, Thomas Nelson	Chandler, AZ United States	X	
Lampton, Robert	Jackson, MS United States	X	
Burns, John Baxter	Jackson, MS United States	X	
Lampton, William W	Jackson, MS United States	X	
Johnson, Gary	Chandler, AZ United States	X	
Ergon, Inc.	Jackson, MS United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Robert Stabler, and my date of birth is April 22, 1970.

My address is 6165 W Detroit St, Chandler, AZ, 85226, US.
(street) (city) (state) (zip code) (country)

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

Executed in Maricopa County, State of Arizona, on the 16 day of December, 2022.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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Crafco, Inc.
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	Lampton, William W	Jackson, MS United States	X	
	Johnson, Gary	Chandler, AZ United States	X	
	Ergon, Inc.	Jackson, MS 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)