

# 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

Certificate Number:  
2024-1186799

Date Filed:  
07/12/2024

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

VENSER CONTRACTORS LLC  
EDINBURG, 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 PCT 2

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.

24-0202-07-17-09  
HIDALGO PCT 2 REGIONAL LINEAR PARK PARKING LOT & AMENITIES

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 Javier Vento, and my date of birth is [REDACTED].

My address is 10620 Cibolo Dr, Edinburg, TX, 78542 USA.  
(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 TX, on the 12 day of July, 20 24.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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CERTIFICATION OF FILING**

Certificate Number:  
2024-1186799

Date Filed:  
07/12/2024

Date Acknowledged:  
08/16/2024

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VENSER CONTRACTORS LLC  
EDINBURG, TX United States

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HIDALGO COUNTY PCT 2

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24-0202-07-17-09  
HIDALGO PCT 2 REGIONAL LINEAR PARK PARKING LOT & AMENITIES

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)