

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:
 2024-1245729

Date Filed:
 12/05/2024

Date Acknowledged:

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

Clore Equipment LLC
 Harlingen, 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 Precinct 1

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-24-0221-11-12
 Amendment No. 1 to 24-0221-11-12 Construction for the [ARPA-22-121-044] Hidalgo County Precinct 1 Mercedes Gate Structure Stormwater Project

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Clore, Geoffrey	Harlingen, TX United States	X	
	Clore, Jessica	Harlingen, TX United States	X	

5 Check only if there is NO Interested Party.


6 UNSWORN DECLARATION

My name is Geoffrey Clore, and my date of birth is [REDACTED]

My address is 21220 FM 1420 Harlingen Tx 78550 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Cameron County, State of Texas, on the 5th day of December, 2024.
(month) (year)



 Signature of authorized agent of contracting business entity
 (Declarant)

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	Clore, Geoffrey	Harlingen, TX United States	X	
	Clore, Jessica	Harlingen, TX 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)