

# 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:  
2025-1261104

Date Filed:  
01/27/2025

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
Terracon Consultants, Inc.  
Pharr, 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-24-0377-10-29 Work Auth. 1  
CMT Services for Pct. 2 Regional Linear Park Parking Lot and Amenities

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) |              |
|---|--------------------------|--|---------------------------------------|--------------|
|   |                          |  | Controlling                           | Intermediary |
|   | Packer, Gayle            | Olathe, KS United States                 | X                                     |              |
|   | Anderson, Timothy        | Phoenix, AZ United States                | X                                     |              |
|   | Cobb, Harold             | Houston, TX United States                | X                                     |              |
|   | Roberts, Jeffrey         | Houston, TX United States                | X                                     |              |
|   | Sander, Jason            | Cincinnati, OH United States             | X                                     |              |
|   | Zambo, Vanessa           | Olathe, KS United States                 | X                                     |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |
|   |                          |  |                                       |              |

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is Jorge A. Flores, P.G., and my date of birth is [REDACTED]

My address is 1506 Mid Cities Dr. Pharr TX 78577 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 Texas, on the 27th day of January 2025.  
(month) (year)

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

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|   |                          |  | Controlling                           | Intermediary |
|   | Packer, Gayle            | Olathe, KS United States                 | X                                     |              |
|   | Anderson, Timothy        | Phoenix, AZ United States                | X                                     |              |
|   | Cobb, Harold             | Houston, TX United States                | X                                     |              |
|   | Roberts, Jeffrey         | Houston, TX United States                | X                                     |              |
|   | Sander, Jason            | Cincinatti, OH United States             | X                                     |              |
|   | Zambo, Vanessa           | Olathe, KS 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)