

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 2

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.**

Halff Associates. Inc.
Richardson, TX United States

Certificate Number:
2025-1281678

Date Filed:
03/14/2025

Date Acknowledged:

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

Williamson 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.

25RFSQ12
Field and Track Upgrades

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Baker Daily, Jessica	Richardson, TX United States	X	
	Bertram, Shawn	Austin , TX United States	X	
	Cranston, Shaun	Austin, TX United States	X	
	Delgado, Jose	McAllen, TX United States	X	
	Engelhardt, Cindy	Austin, TX United States	X	
	French, Sherri	Frisco, TX United States	X	
	Sagel, Joseph	Richardson, TX United States	X	
	Hollis, Leigh	Frisco, TX United States	X	
	Ickert , Andrew	Fort Worth, TX United States	X	
	Jackson, Todd	Austin, TX United States	X	
	Miller, Steven	Austin, TX United States	X	
	Moya, Michael	Austin, TX United States	X	
	Murray , Menton	McAllen, TX United States	X	
	Pylant, Ben	Fort Worth , TX United States	X	

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			Controlling	Intermediary

5 Check only if there is NO Interested Party.

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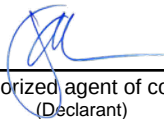
6 UNSWORN DECLARATION

My name is James Hemenes, and my date of birth is 03/18/1974.

My address is [REDACTED], [REDACTED], TX, [REDACTED], USA.
(street) (city) (state) (zip code) (country)

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

Executed in Williamson County, State of Texas, on the 14th day of March, 20 25.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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03/17/2025

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			Controlling	Intermediary
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	Bertram, Shawn	Austin , TX United States	X	
	Cranston, Shaun	Austin, TX United States	X	
	Delgado, Jose	McAllen, TX United States	X	
	Engelhardt, Cindy	Austin, TX United States	X	
	French, Sherri	Frisco, TX United States	X	
	Sagel, Joseph	Richardson, TX United States	X	
	Hollis, Leigh	Frisco, TX United States	X	
	Ickert , Andrew	Fort Worth, TX United States	X	
	Jackson, Todd	Austin, TX United States	X	
	Miller, Steven	Austin, TX United States	X	
	Moya, Michael	Austin, TX United States	X	
	Murray , Menton	McAllen, TX United States	X	
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			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)