

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

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

Kimley-Horn and Associates, Inc.
Dallas, TX United States

Certificate Number:
2025-1393087

Date Filed:
11/24/2025

Date Acknowledged:

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

City of Round Rock

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.

CM-2024-146
Chandler Creek 4 - 15 WWL Upsizing Phase II

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Flanagan, Tammy	Dallas, TX United States	X	
	Keil, Ashley	Dallas, TX United States	X	
	McEntee, David	Dallas, TX United States	X	
	Mutti, Brent	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Santiago Araque, and my date of birth is ██████████.

My address is 10814 Jollyville Rd., Campus IV, Suite 200, Austin, TX, 78759, USA.
(city) (state) (zip code) (country)

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

Executed in Travis County, State of Texas, on the 24th day of November, 20 25.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Kimley-Horn and Associates, Inc.
Dallas, TX United States

Certificate Number:
2025-1393087

Date Filed:
11/24/2025

Date Acknowledged:
12/17/2025

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City of Round Rock

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	Mutti, Brent	Dallas, 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 _____, _____, _____, _____, _____.
(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)