

# 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:  
2023-1070795

Date Filed:  
09/12/2023

Date Acknowledged:

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

J.D. Abrams, LP  
Austin, 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.

City of Round Rock Transportation Department

**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.

000000 University Blvd Exp  
Change Order 003, Various added items and quantity adjustments.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Gallagher, Kelly	Austin, TX United States	X	
	Fernandez, Alfonso	Austin, TX United States	X	
	Everett, Brad	Austin, TX United States	X	
	Abrams, Jon F.	Austin, TX United States	X	

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

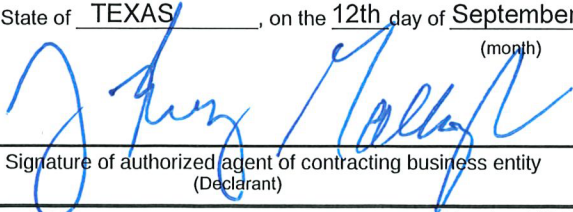
**6 UNSWORN DECLARATION**

My name is J. Kelly Gallagher, and my date of birth is                     .

My address is 5811 Trade Center Dr., Bldg. 1, Austin, TX, 78744, USA.  
(street) (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 12th day of September, 2023.  
(month) (year)

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

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**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)