

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.
 Cutler Repaving, Inc.
 Lawrence, KS United States

Certificate Number:
 2024-1224004

Date Filed:
 10/08/2024

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, TX

Date Acknowledged:

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.
 24-410
 2023 Arterial Street Maintenance Program

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Veskerna, Charles	Lawrence, KS United States	X	
Cutler, Douglas	Los Ranchos, NM United States	X	
Miles, John	Lawrence, KS United States	X	
Rathbun, John	Lawrence, KS United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Charles R. Veskerna, and my date of birth is [REDACTED].

My address is 11814 PAWNEE LN, LEAWOOD, KS, 66046, KS.
(street) (city) (state) (zip code) (country)

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

Executed in DOUGLAS County, State of KANSAS, on the 8th day of OCT, 2024.
(month) (year)

Charles R. Veskerna
 Signature of authorized agent of contracting business entity
(Declarant)

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	Rathbun, John	Lawrence, 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)