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.	Certificate Number: 2025-1334046
	SpawGlass Contractors, Inc.	
	Austin, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	07/09/2025
	City of Round Rock	Date Acknowledged:

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 - Rec Center GMP 2

Construction management services for the Rec Center Complex - GMP 2, including Rec Center and Administration Buildings, Airnasium and Sports Fields.

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Friedel, Robert	New Braunfels, TX United States	×	
Emmons, Michael	New Braunfels, TX United States	×	
Voss, Weston	New Braunfels, TX United States	×	
Paden, David	Austin, TX United States	×	
Smith, Jason	Selma, TX United States	×	
Ajlani, David	Harlingen, TX United States	×	
Faver, Lloyd	Fort Worth, TX United States	×	
Berry, Roger	Houston, TX United States	×	
George, Joey	Austin, TX United States	×	
SpawGlass Holding, LLC	Selma, TX United States	х	

FORM **1295**

					2 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.			Certificate Number: 2025-1334046			
	SpawGlass Contractors, Inc.		2023	7-1334040			
	Austin, TX United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form		07/09/2025			
_	peing filed.						
	City of Round Rock	Date A			e 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.				vide a		
	000000 - Rec Center GMP 2						
	Construction management services for the Rec Center Comp Airnasium and Sports Fields.	lex - GMP 2, including Rec 0	Center and A	dministration Bu	uildings,		
4				Nature of			
Ť	Name of Interested Party	City, State, Country (place o	f business)	(check applicable)			
				Controlling	Intermediary		
		dan e					
		8					
					-		
Š.							
			35 55				
_							
			400, 100				
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name isDavid Paden	, and my date of birth is					
	My address is1111 Smith Road	Austin	, <u>TX</u> ,	78721	, USA .		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ct.					
	, , , , , , , , , , , , , , , , , , , ,		on the 10	_{day of} July	, 20 25		
				(month)	(year)		
		-					
	<u> </u>	Signature of authorized ager	nt of contraction	a business entity			
		(Declara					

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	Certificate Number:
	of business.	2025-1334046
	SpawGlass Contractors, Inc.	
	Austin, TX United States	Date Filed:
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.	07/09/2025
	City of Round Rock	Date Acknowledged: 07/30/2025

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 - Rec Center GMP 2

Construction management services for the Rec Center Complex - GMP 2, including Rec Center and Administration Buildings, Airnasium and Sports Fields.

		Nature of interest	
4 Name of Interested Party	City, State, Country (place of business)	(check applicable)	
		Controlling	Intermediary
Friedel, Robert	New Braunfels, TX United States	x	
Emmons, Michael	New Braunfels, TX United States	Х	
Voss, Weston	New Braunfels, TX United States	Х	
Paden, David	Austin, TX United States	Х	
Smith, Jason	Selma, TX United States	Х	
Ajlani, David	Harlingen, TX United States	Х	
Faver, Lloyd	Fort Worth, TX United States	Х	
Berry, Roger	Houston, TX United States	Х	
George, Joey	Austin, TX United States	х	
SpawGlass Holding, LLC	Selma, TX United States	Х	
	•		

FORM **1295**

2 of 2

					2 01 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.		CE	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.			Certificate Number:		
	SpawGlass Contractors, Inc.		202	5-1334046		
	Austin, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	07/0	9/2025		
	being filed.	led.				
	City of Round Rock			Acknowledged: 80/2025		
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		fy the contract, and provide a			
	000000 - Rec Center GMP 2					
	Construction management services for the Rec Center Compl Airnasium and Sports Fields.	lex - GMP 2, including Rec Center	and A		_	
4				Nature of		
	Name of Interested Party	City, State, Country (place of busi	ness)	(check applicable)		
				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		,		.,	
		(city)	state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCounty	/, State of, on the				
				(month)	(year)	
		Cignoture of outbories described	ntro ati	a business satis		
		Signature of authorized agent of co (Declarant)	าแสตแก	ig business entity		