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: 2025-1377000
	Austri, 17 Office States	Date Filed:
2	being filed.	10/15/2025 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 - Harrell Parkway A.3

Construction Management services for Phase A.3 of the Harrell Parkway package.

4		Nature of interest	
Name of Interested Party	City, State, Country (place of business)	(check applicable)	
		Controlling	Intermediary
Friedel, Robert	New Braunfels, TX United States	×	
Emmons, Michael	New Braunfels, TX United States	Х	
Voss, Weston	New Braunfels, TX United States	X	
Paden, David	Austin, TX United States	Х	
Smith, Jason	Selma, TX United States	×	
SpawGlass Holding, LLC	Selma, TX United States	×	
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	
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FORM 1295

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				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.	OFFICE USE ONLY CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of business.	Certificate Number: 2025-1377000			
	SpawGlass Contractors, Inc.		2023-1377000		
	Austin, TX United States		Date Filed:		
_	Name of governmental entity or state agency that is a party to the co	antract for which the form is	10/15/2025		
2	being filed.	bhtract for which the form is	10/10/2020		
	City of Round Rock	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.				
	000000 - Harrell Parkway A.3				
	Construction Management services for Phase A.3 of the Harrell F	Parkway package.			
			Nature of	interest	
4	Name of Interested Party Ci	ity, State, Country (place of busine	ess) (check ap	plicable)	
	·	, , , , , , , , , , , , , , , , , , , ,	Controlling	Intermediary	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is PARKER BLASCHKIE	and my date of b	nirth is		
		LOBERTY HOLL	78642	_·	
	My address is 128 TABLE TOP BEND	(city) (sta		(country)	
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in WELLTAMSON County, S	State of Twas, on the	15 day of OCTOBER	2,20 25.	
			(month)	(year)	
	F	agh. Blackla			
		Signature of authorized agent of contr	racting business entity		

FORM 1295

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	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.	2025-1377000
	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.	10/15/2025
	City of Round Rock	Date Acknowledged: 10/15/2025

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 - Harrell Parkway A.3

Construction Management services for Phase A.3 of the Harrell Parkway package.

	Nature of interest	
City, State, Country (place of business)	(check applicable)	
		Intermediary
New Braunfels, TX United States	X	
New Braunfels, TX United States	х	
New Braunfels, TX United States	Х	
Austin, TX United States	х	
Selma, TX United States	Х	
Selma, TX United States	х	
Harlingen, TX United States	Х	
Fort Worth, TX United States	Х	
Houston, TX United States	Х	
Austin, TX United States	Х	
	New Braunfels, TX United States Austin, TX United States Selma, TX United States Selma, TX United States Harlingen, TX United States Fort Worth, TX United States Houston, TX United States	City, State, Country (place of business) New Braunfels, TX United States New Braunfels, TX United States X New Braunfels, TX United States X Austin, TX United States X Selma, TX United States X Selma, TX United States X Harlingen, TX United States X Houston, TX United States X Houston, TX United States

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	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.		Cer	Certificate Number:		
	SpawGlass Contractors, Inc.		202	25-1377000		
	Austin, TX United States		Dat	e Filed:		
2		contract for which the form is		15/2025		
_	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			e Acknowledged: 15/2025		
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provided.	ental entity or state agency to track or identify the contract, and provide a				
	000000 - Harrell Parkway A.3					
	Construction Management services for Phase A.3 of the Harre	ll Parkway package.				
_				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap	neck 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					
	Executed inCounty	State of, on t	ne		, 20	
				(month)	(year)	
Signature of authorized agent of contracting business entity (Declarant)						