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: 2025-1376999
	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:

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 - MPC Package

Construction management services for the Multipurpose Complex (MPC) Expansion

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	x	
Ajlani, David	Harlingen, TX United States	×	
Faver, Lloyd	Fort Worth, TX United States	×	
Berry, Roger	Houston, TX United States	x	
George, Joey	Austin, TX United States	Х	
			•

FORM 1295

2 of 2

Ш						
	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 ace Certificate Number: 2025-1376999		
1	Name of business entity filing form, and the city, state and country of business.	ry of the business o	entity's place			
	SpawGlass Contractors, Inc.					
	Austin, TX United States			Date F		
2	Name of governmental entity or state agency that is a party to the	contract for which	the form is	10/15/	/2025	
	being filed.			Date A	cknowledged:	
	City of Round Rock			Date	cknowledged.	
						11-
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided to the services of the s	ty or state agency to led under the contra	o track or identity act.	tne cor	ntract, and pro	vide a
	000000 - MPC Package					
	Construction management services for the Multipurpose Comp	plex (MPC) Expan	sion			
4						finterest
	Name of Interested Party	City, State, Counti	ry (place of busine	ess)		
					Controlling	Intermediary
				-		
_				\dashv		
_				_		
				-		
	,					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is PREVER BLASCHILE		_ and my date of I	oirth is		,
	My address is 128 TABLE TOP BEIND	LIBERTY	HELL T	×.	78642	USA
		(city)	(st	ate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
				_		
	Executed in Surambon County	State of Texa	, on the	l € da	my of (month)	(year)
	+	The Bl	rochla			
			orized agent of cont	racting I	business entity	
			(Declarant)			Sile Sile Sile Sile Sile Sile Sile Sile

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: 2025-1376999
	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 - MPC Package

Construction management services for the Multipurpose Complex (MPC) Expansion

	Nature of interest	
City, State, Country (place of business)	(check applicable)	
		Intermediary
New Braunfels, TX United States	X	
New Braunfels, TX United States	x	
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

FORM **1295**

2 of 2

L					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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2025-1376999			
	SpawGlass Contractors, Inc.		202	J- T J (
	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		5/2025			
	being filed.						
	City of Round Rock			Date Acknowledged: 10/15/2025			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provided.		y the c	the contract, and provide a			
	000000 - MPC Package Construction management services for the Multipurpose Comp	olex (MPC) Expansion					
4				Nature of	interest		
•	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				,·		
		, <i>,</i> ,	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct						
	Executed inCounty	State of, on the		day of	, 20		
				(month)	(year)		
Signature of authorized agent of contracting business entity (Declarant)							