

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:
2022-943422

Date Filed:
10/11/2022

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 002, Storm Drain & CSB Revisions, Electrical Services, Barricades, Adtl. Bridge Structure, Erosion Control

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.

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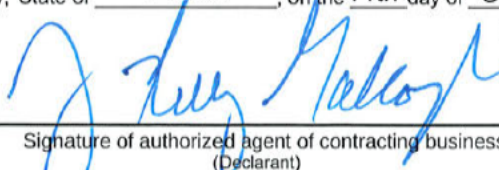
6 UNSWORN DECLARATION

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

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 11th day of October, 20 22.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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	Abrams, Jon F.	Austin, TX 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)