CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-947629

Date Filed:
10/24/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
BlackGreyGold Solutions
Southlake, 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.
El Paso Independent School District

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.
EPISD RFP No. 23-020
Personal Protective Equipment (PPE) and Related Items

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Austin McCasin, and my date of birth is 02/01/1994.

My address is 1516 Wren Street, Argyle, TX, 76226, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Tarrant County, State of Texas, on the 24 day of October, 2022.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-915268

Date Filed:
07/27/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
EL PASO OFFICE PRODUCTS
El Paso, 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.
El Paso Independent School District

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.
RFP# 23-020
Personal protective equipment and related items

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
El Paso Office Products	El Paso, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is SANDY GRODIN, and my date of birth is 8/31/52.

My address is 1550 LIONEL DR. (street) EL PASO (city) TX (state) 79936 (zip code) USA (country)

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

Executed in EL PASO County, State of TEXAS, on the 28 day of JULY (month), 2022 (year).

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-913889

Date Filed:
07/24/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Hand Safety, LLC
Wichita Falls, 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.
El Paso ISD

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.
23-020
PPE

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Hand Safety, LLC	Wichita Falls, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is **Ramon Flanigan**, and my date of birth is **9/19/1974**.

My address is **831 Reynolds LN** (street), **Wichita Falls** (city), **TX** (state), **76301** (zip code), **USA** (country).

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

Executed in **Wichita** County, State of **Texas**, on the **24th** day of **July** (month), 20**22** (year).

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-900568

Date Filed:
10/24/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

MALOR & COMPANY INC
667 Madison Avenue 5th FL
New York, NY 10065

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

El Paso Independent School District
4900 Woodrow Bean
Transmountain Drive
El Paso, TX 79924

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.

RFP 23-020
Supplies and Materials

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

10/22/2022

My name is GARLY BENOIT, and my date of birth is _____.

My address is 667 MADISON AVENUE 5TH FLOOR, NEW YORK, NY 10065 (street), _____ (city), _____ (state), _____ (zip code), USA (country).

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

Executed in NEW YORK County, State of NY, on the 17 day of 6 (month), 20 22 (year).

GARLY BENOIT

Signature of authorized agent of contracting business entity
(Declarant)

From: Osborne, Rebecca <Rebecca.Osborne@McKesson.com>
Sent: Monday, October 24, 2022 8:05 AM
To: Leticia Rivera <adrivera@episd.org>
Subject: [EXTERNAL]FW: RFP 23-020 Missing Documents

Good morning, Leticia! I certainly hope that you had a nice weekend!

For contracts entered into or renewed after January 1, 2018, Texas Government Code Section 2252.908 (c)(4) provides an exemption from filing Form 1295 for publicly traded business entities, including wholly-owned subsidiaries of such business entities. Therefore, MMSGS, a wholly owned subsidiary of McKesson Corporation, a publicly traded business entity, is not required to complete Form 1295.

This language was included in our cover letter to El Paso ISD, attached, on page 2.

Please let me know if there is anything else that I can help you with, or any other questions that you need answered.

Thank you!

PLEASE NOTE: I will be attending an all-day Government Sales Administration (GSA) meeting on Tuesday, October 25 and will not be available by phone or email.
If you have an emergency on that day, please contact Bryan Figura (Bryan.Figura@McKesson.com) and Kameren Jewett (Kameren.Jewett@McKesson.com).

Rebecca Osborne
Government Proposal Specialist
McKesson Medical-Surgical Government Solutions
(m) 612-730-4361
Rebecca.Osborne@McKesson.com

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-947954

Date Filed:
10/24/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

NASHVILLE MEDICAL & EMS PRODUCTS, INC
SPRINGFIELD, TN United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

EL PASO SCHOOL DIST

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.

23-020
PERSONAL PROTECTIVE EQUIPMENT

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
SADARANGANI, NARI	CEDAR HILL, TN United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is NARI SADARANGANI, and my date of birth is 06/08/1944.

My address is 3462 SOUTH CARTER ROAD, CEDAR HILL, TN, 37032, .
(street) (city) (state) (zip code) (country)

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

Executed in ROBERTSON County, State of TN, on the 24 day of OCTOBER, 2022.
(month) (year)

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-918454

Date Filed:
08/04/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Spectrum Paper Co., Inc.
El Paso, 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.
EPISD

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.
23-020
(ESSER) Personal Protective Equipment (PPE) and Related Items

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is Makine Brown-Soto, and my date of birth is 01/15/89.

My address is 27 Concord St. (street), El Paso (city), TX (state), 79906 (zip code), USA (country).

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

Executed in El Paso County, State of TX, on the 04 day of August (month), 2022 (year).

Signature of authorized agent of contracting business entity
(Declarant)

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

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:
2022-917706

Date Filed:
08/03/2022

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Texas Medical Technology Inc
Sugar Land, 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.
El Paso ISD

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.
23-020 ((ESSER) Personal Prote
Personal Protective Equipment (PPE) and Related Items)

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
Shraim, Jad	Sugar Land, TX United States	X	
Menin, Dima	Sugar Land, TX United States	X	
Shafran, Omri	Sugar Land, TX United States	X	

5 Check only if there is NO Interested Party. ☐

6 UNSWORN DECLARATION

My name is Omri Shafran, and my date of birth is 5/12/1976.

My address is 1111 Gillingham Lane (street), Sugar Land (city), TX (state), 77478 (zip code), USA (country).

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

Executed in Fort Bend County, State of Texas, on the 4 day of August (month), 2022 (year).

Omri Shafran

Signature of authorized agent of contracting business entity
(Declarant)