

# CERTIFICATE OF INTERESTED PARTIES

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**

**Certificate Number:**  
 2024-1171272

**Date Filed:**  
 06/05/2024

**Date Acknowledged:**  
 06/25/2024

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
 Core & Main  
 Houston, 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.**  
 Fort Bend County Road & Bridge

**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.**  
 23-023  
 Culverts

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Berges, James	St. Louis, MO United States	X	
	Castellano, James	St. Louis, MO United States	X	
	Castellano, Bradfor	St. Louis, MO United States	X	
	Gipson, Dennis	St. Louis, MO United States	X	
	LeClair, Steve	St. Louis, MO United States	X	
	Newman , Margaret	St. Louis, MO United States	X	
	Rorick, Ian	St. Louis, MO United States	X	
	Shaller, John	St. Louis, MO United States	X	
	Sleeper, Nathan	St. Louis, MO United States	X	
	Witkowski, Mark	St. Louis, MO United States	X	
	Zrebiec, J.L.	St. Louis, MO United States	X	
	Mazzarella, Kathleen	St. Louis, MO United States	X	
	Kimbrough, Orvin	St. Louis, MO United States	X	
	Amirthalingam, Bhavani	St. Louis, MO United States	X	
	Buck, Robert	St. Louis, MO United States	X	
	Core & Main Intermediate GP, LLC,	St. Louis, MO United States	X	

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**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)