**CERTIFICATE OF INTERESTED PARTIES**

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**
DebrisTech, LLC  
Picayune, MS 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 Port Aransas

**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.**
EM-002-2019  
Debris Removal Monitoring

<table>
<thead>
<tr>
<th>Name of Interested Party</th>
<th>City, State, Country (place of business)</th>
<th>Nature of interest (check applicable)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mock, Lee</td>
<td>Columbia, MS United States</td>
<td>X</td>
</tr>
<tr>
<td>Dungan, Les</td>
<td>Columbia, MS United States</td>
<td>X</td>
</tr>
<tr>
<td>Dungan, Jeff</td>
<td>Columbia, MS United States</td>
<td>X</td>
</tr>
<tr>
<td>Holmes, Ryan</td>
<td>Brookhaven, MS United States</td>
<td>X</td>
</tr>
<tr>
<td>Wallace, Brooks</td>
<td>Picayune, MS United States</td>
<td>X</td>
</tr>
</tbody>
</table>

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)  

Picayune  

(city)  

MS  

(state)  

39466  

(zip code)  

USA  

(country)

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

Executed in ____________________________, County, State of ________, on the _______ day of ________, _______.

___________

Signature of authorized agent of contracting business entity (Declarant)

Forms provided by Texas Ethics Commission  
www.ethics.state.tx.us  
Version V1.1.39f8039c