

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:
2017-291394

Date Filed:
12/06/2017

Date Acknowledged:
12/08/2017

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

Burton McCumber & Cortez, LLP
McAllen, 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.

County of Hidalgo, Texas

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.

E-17-257
Professional Auditing Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Longoria, Ricky	McAllen, TX United States	X	
	McCumber, Gregg	Brownsville, TX United States	X	
	Walker, Richard	McAllen, TX United States	X	
	Mireles, Josefina	McAllen, TX United States	X	
	Pena, Benjamin	Brownsville, TX United States	X	
	Alarcon, Javier	Brownsville, TX United States	X	

5 Check only if there is NO Interested Party.

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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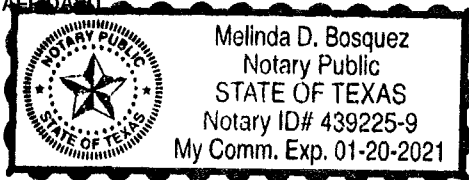
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6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

[Handwritten Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said RICKY LONGORIA, this the 7th day of December 20 17, to certify which, witness my hand and seal of office.

Melinda D. Bosquez Melinda D BOSQUEZ Notary Public-Texas
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath



2802 S. Bus. Hwy 281
Edinburg, Texas 78539
Phone: (956) 318-2626
Fax: (956) 318-2629
www.co.hidalgo.tx.us/purchasing

December 06, 2017

Burton McCumber & Cortez

Bidder's name

Attn: Ms. Adelita Felix

205 Pecan Boulevard

Address

McAllen, TX. 78501-2354

City, State, Zip Code

email: adelita.felix@bmcctexas.com

**Re: HB Form 1295 Required/Renewal/Extension Notice
Contract/Renewal# C-15-328-Hidalgo County – "Independent Audit Services"**

Dear Ms. Munoz,

Be advised, that in order to proceed with the County's option to extend/renew its first (1st) of two (2) one year renewals term, under the same rates, terms and conditions as provided in the current contract with **Burton McCumber & Cortez LLP** for the referenced project, the County is required, as of **January 1, 2016**, to comply with the **Texas Government Code, §2252.908**, and the rules issued by the **Texas Ethics Commission** found in Title 1, Section 46.1, 46.3 and 46.5 of the Texas Administrative Code. In accordance with these requirements for the type of contract being considered, a business must submit a completed Certificate of Interested Parties Form 1295, to the County before the County may enter into a contract with the business entity.

Thus, in order for County staff to process the above referenced extension/renewal; you must complete Form 1295 and file Form 1295 with the Texas Ethics Commission. You can find the 1295 Form through the Texas Ethics Commission at the following website:

https://www.ethics.state.tx.us/whatsnew/elf_info_form1295.htm

In box 3 of **Form 1295**, provide **Reference No. E-17-257**. Once completed and filed with the Texas Ethics Commission, Form 1295 must be printed and signed in the presence of a notary and submitted to our office by the deadline stated below.

In order to proceed with approval of **Renewal/Extension** for referenced project by **Commissioners Court on December 19, 2017**, the signed notarized "**HB Form 1295**" and "**Extension Notice**" must be received in our office completed by no later than Monday, December 11, 2017 or sooner if possible. Hidalgo County cannot enter into a contract until Form 1295 is submitted, therefore, failure to timely submit Form 1295 signed, and notarized may result in delay of award.

In, addition, please include your "Updated Certificate of Insurance" with acknowledgment of receipt to this notice by signing below and returning to the Hidalgo County Purchasing Department, via email: yolanda.velasquez@co.hidalgo.tx.us by no later than date reflected above.

By: _____

Date: _____

12/6/17

Hidalgo County Purchasing Department welcomes and appreciates your participation in the contract process. If any further assistance is required, please do not hesitate to call the Purchasing Department (956)318-2626.

Sincerely,

Martha L. Salazar

Martha L. Salazar, CPPB
Hidalgo County Purchasing Agent

MLS/yzv
Enclosures

DECLARATIONS
ACCOUNTANTS PROFESSIONAL LIABILITY POLICY

PRODUCER	BRANCH	PREFIX	POLICY NUMBER
003613	970	APL	275465506

INSURANCE IS PROVIDED BY
CONTINENTAL CASUALTY COMPANY
CNA PLAZA, CHICAGO, IL 60685
A STOCK INSURANCE COMPANY
REFERRED TO IN THIS POLICY AS WE, US, OR OUR.

1. Named Insured and Mailing Address

Burton McCumber & Cortez, LLP
1950 Paredes Line Road
Brownsville, TX 78521

* * * NOTICE * * * *

THIS IS A CLAIMS-MADE AND REPORTED POLICY AND
COVERS ONLY CLAIMS FIRST MADE AGAINST AN INSURED
AND REPORTED IN WRITING TO THE COMPANY DURING
THE POLICY PERIOD. PLEASE READ THIS POLICY
CAREFULLY AND DISCUSS THE COVERAGE WITH YOUR
INSURANCE AGENT.

2. POLICY PERIOD: FROM: 9/26/17 TO: 9/26/18 at 12:01 A.M. Standard time at your address shown above.

3. PRIOR ACTS DATE: 9/01/91 at 12:01 A.M.

4. DEDUCTIBLE: Per Claim Deductible \$100,000 or Aggregate Deductible _____

5. LIMITS OF LIABILITY: (INCLUDES CLAIM EXPENSES UNLESS AMENDED BY ENDORSEMENT)

\$2,000,000 PER CLAIM
\$2,000,000 AGGREGATE

6. FOR NON-RENEWAL : 60 days notice will be given you in accordance with policy conditions.

7. PRINTED ENDORSEMENTS ATTACHED AT POLICY ISSUANCE INCLUDE:

G-127136-A(1/16) Policy	G-147092-A Specific Investment Exclusion
G-127137-A(7/12) Declarations Page	GSL8213XX Anti-Stacking Endorsement
G-127157-A(6/97) Nuclear Energy & Pollution Excl.	
G-127164-A42(6/97) Amend. Termination Provisions - TX	
G-53752-E42 Texas Policyholder Notice	
G-141584-A(6/03) Policyholder Notice	
CNA86549XX CPA Net Protect Prime Endorsement	
G-127139-A Excl Named Individuals or Entities	
G-127139-A Excl Named Individuals or Entities	