

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

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

Perez Law Firm, PLLC
McAllen, TX United States

Certificate Number:
2022-938507

Date Filed:
09/27/2022

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

Date Acknowledged:

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.

22-0326-KMG Bond Counsel Servi
Legal Services - Bond Counsel

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Perez, Ricardo	McAllen, TX United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Ricardo Perez, and my date of birth is 3/5/72.

My address is 208 Lindberg Avenue, McAllen, Tx, 78501, US.
(street) (city) (state) (zip code) (country)

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

Executed in Hidalgo County, State of Texas, on the 27th day of September 2022.
(month) (year)

Ricardo Perez
Signature of authorized agent of contracting business entity
(Declarant)

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County of Hidalgo

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Legal Services - Bond Counsel

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			Controlling	Intermediary
	Perez, Ricardo	McAllen, 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)

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1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Orrick, Herrington & Sutcliffe LLP
Houston, TX United States

Certificate Number:
2022-938598

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

Date Filed:
09/27/2022

Date Acknowledged:

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.
22-0326 KMG Bond Counsel Servi
Bond Counsel Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hermie, Lynne	Menlo Park, CA United States	X	
	Bicks, Peter	New York, NY United States	X	
	Brown, Walter	San Francisco, CA United States	X	
	Zulkie, Mitchell	Menlo Park, CA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Marcus Deitz, and my date of birth is 02/06/1969

My address is 609 Main St., 40th Floor Houston TX 77002 USA
(street) (city) (state) (zip code) (country)

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

Executed in Harris County, State of Texas, on the 27th day of Sept., 20 22.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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2022-938598

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09/27/2022

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Orrick, Herrington & Sutcliffe LLP
Houston, TX United States

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			Controlling	Intermediary
	Hermie, Lynne	Menlo Park, CA United States	X	
	Bicks, Peter	New York, NY United States	X	
	Brown, Walter	San Francisco, CA United States	X	
	Zulkie, Mitchell	Menlo Park, CA 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)