

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.

Estrada Hinojosa & Company, Inc.
Dallas, TX United States

Certificate Number:
2023-1086954

Date Filed:
10/24/2023

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

Hidalgo County

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.

19-056-EXT02
Financial Advisory Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hinojosa, Noe	Dallas, TX United States	X	
	Gonzales, Donald	San Antonio, TX United States	X	
	Jack, Paul	Austin, TX United States	X	
	Abadin, Lourdes	Miami, FL United States	X	
	Gordon, Dave	Dallas, TX United States	X	

5 Check only if there is NO Interested Party.

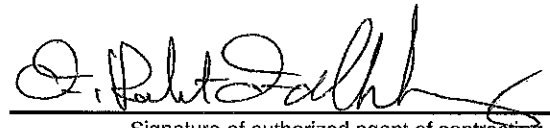
6 UNSWORN DECLARATION

My name is F. Robert Falkenberg, and my date of birth is [REDACTED]

My address is 600 North Pearl Street, #2100 Dallas TX 75201 USA.
(street) (city) (state) (zip code) (country)

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

Executed in Dallas County, State of Texas, on the 24th day of October, 2023.
(month) (year)



Signature of authorized agent of contracting business entity
(Declarant)

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Certificate Number:
2023-1086954

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Date Acknowledged:
10/25/2023

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Dallas, TX United States

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	Jack, Paul	Austin, TX United States	X	
	Abadin, Lourdes	Miami, FL United States	X	
	Gordon, Dave	Dallas, 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)