

# 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.**  
Burton McCumber & Longoria, LLP  
McAllen, TX United States

Certificate Number:  
2023-1107520

**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 Filed:  
12/29/2023

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.**  
RFQ No. C-23-0443-01-10-03  
Independent Audit 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	
Pena, Ben	Brownsville, TX United States	X	
Alarcon, Javier	Brownsville, TX United States	X	
Garcia, Rebecca	Mcallen, TX United States	X	

**5 Check only if there is NO Interested Party.**

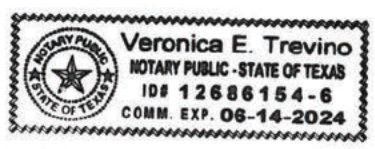
**6 UNSWORN DECLARATION**

My name is Ricky Longoria and my date of birth is [REDACTED]

My address is 205 Pecan Boulevard, McAllen, TX, 78501, USA  
(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 5 day of January, 2024  
(month) (year)



[Signature]  
Signature of authorized agent of contracting business entity (Declarant)

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**Certificate Number:**  
2023-1107520

**Date Filed:**  
12/29/2023

**Date Acknowledged:**  
02/02/2024

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McAllen, TX United States

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	Garcia, Rebecca	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)