

# 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:  
2024-1245720

Date Filed:  
12/05/2024

Date Acknowledged:

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**  
TRB Capital Markets, LLC d/b/a Estrada Hinojosa  
Dallas, 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.**  
Hidalgo County

**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.**  
Project No. 24-0322  
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	
Tippit, John	Harlingen, TX United States	X	
Gonzales, Don	San Antonio, TX United States	X	
Jack, Paul	Austin, TX United States	X	
Gordon, Dave	Denver, CO United States	X	
Abadin, Lourdes	Miami, FL United States	X	

5 Check only if there is NO Interested Party.

### 6 UNSWORN DECLARATION

My name is Robert Coulter and my date of birth is [REDACTED]  
My address is 9435 Rockmount Dr, Dallas, TX, 75243, 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 TX, on the 12th day of December, 2024.  
(month) (year)

Robert Coulter  
Signature of authorized agent of contracting business entity  
(Declarant)

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12/09/2024

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	Gordon, Dave	Denver, CO United States	X	
	Abadin, Lourdes	Miami, FL 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)