

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:
 2025-1275634

Date Filed:
 02/28/2025

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
 Carahsoft Technology Corp.
 Reston, VA 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 Health Department

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.
 25-0093
 Tableau Cloud Creator Subscription

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Abod, Craig	Reston, VA United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Sean Kelsey, and my date of birth is [REDACTED].

My address is 11493 Sunset Hills Rd Suite 100, Reston, VA, 20910, US.
(street) (city) (state) (zip code) (country)

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

Executed in Fairfax County, State of Virginia, on the 28 day of Feb, 2025.
(month) (year)

Sean Kelsey

 Signature of authorized agent of contracting business entity (Declarant)

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2025-1275634

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Date Acknowledged:
03/05/2025

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Reston, VA United States

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Abod, Craig	Reston, VA 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)