

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.
 Granicus, LLC
 Washington, DC, DC United States

Certificate Number:
 2026-1451882

Date Filed:
 04/22/2026

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.
 26-0238
 Cloud-based public meeting management software that enables government agencies to create, manage, publish, and stream meetings, agendas, and records in compliance with public notice requirements.

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hynes, Mark (CEO)	Washington, DC United States	X	
	Copland, Jordan (CFO)	Washington, DC United States	X	

5 Check only if there is NO Interested Party.

6 UNSWORN DECLARATION

My name is Brendan Stierman, and my date of birth is .

My address is 2428 NW Market St, Seattle, WA, 98107, US.
(city) (state) (zip code) (country)

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

Executed in King County, State of Washington, on the 22nd day of April, 2026.
(month) (year)

DocuSigned by:

Brendan Stierman

Signature of authorized agent of contracting business entity
 (Declarant)

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4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Hynes, Mark (CEO)	Washington, DC United States	X	
	Copland, Jordan (CFO)	Washington, DC 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 _____, _____, _____, _____, _____.
(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)