

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:
2026-1485425

Date Filed:
07/06/2026

Date Acknowledged:

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

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

The County of Hidalgo

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.

C-24-0294-10-10 (Ext. 1)
Independent Audit Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Pena, Ben	Brownsville, TX United States	X	
	Garcia, Lizandro	McAllen, TX United States	X	
	Longoria, Ricky	McAllen, TX United States	X	
	Alarcon, Javier	Brownsville, TX United States	X	

5 Check only if there is NO Interested Party.

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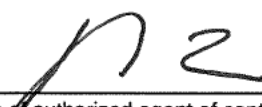
6 UNSWORN DECLARATION

My name is RICKY LONGORIA, and my date of birth is 

My address is 205 PECAN BLVD, McALLEN TX 78501 USA
(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 6 day of JULY, 2026
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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	Alarcon, Javier	Brownsville, 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 _____, _____, _____, _____, _____.
(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)