FORM 1295

	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.	CEI						
1	Name of business entity filing form, and the city, state and country of the business entity's place				ficate Number:			
	of business. Siddons Martin Emergency Group, LLC	2022	2-956564					
	HOUSTON, TX United States				Filed:			
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which t	the form is	11/1	7/2022			
	City of Killeen	Date	Acknowledged	:				
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide			the c	ontract, and pro	ovide a		
	HGAC FS12-19							
	(2) Pierce Custom Enforcer Pumper, (1) Pierce Custom Veloc	city Aerial, HD Ladde	er, (1) Pierce Cu	ustom	Enforcer Pum	per		
4								
	Name of Interested Party	City, State, Country	(place of busin	ess)	-956564 Filed: //2022 Acknowledged: ontract, and provide a Enforcer Pumper Nature of interest (check applicable) Controlling Intermediary X 05/03/1984 77073 USA (zip code) USA (country) ay of November , 20,22 (year).			
	ddono Martin Holding, Inc.	Houston, TX Unit	od Statos		-	Internetiary		
5	ddons Martin Holding, Inc.		eu Sidies		^			
-								
-								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Kathryn Williams		and my date of	birth is	, 05/03/1984	۱		
	My address is 1362 E. Richey Rd	Houston	TX	ζ.	77073	USA		
	(street)	(city)	(st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	ct.						
				17th	Novemb	er22		
	Executed in County	y, State of	, on the _	(
	1.4	1						
		John	<u> </u>					
	۲. ۲	Signature of author	zed agent of cont (Declarant)	tractin	g business entity			

FORM 1295

	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			
1	Name of business entity filing form, and the city, state and count of business.		Certificate Number: 2022-956564			
	Siddons Martin Emergency Group, LLC					
2	HOUSTON, TX United States Name of governmental entity or state agency that is a party to th	e contract for which the form is		e Filed: .7/2022		
	being filed.					
	City of Killeen		Date Acknowledged: 12/07/2022			
3	Provide the identification number used by the governmental entit		entify the c	contract, and pro	vide a	
	description of the services, goods, or other property to be provid	led under the contract.				
	HGAC FS12-19 (2) Pierce Custom Enforcer Pumper, (1) Pierce Custom Veloc	city Aerial, HD Ladder, (1) Pier	ce Custon	n Enforcer Pump	ber	
4						
	Name of Interested Party	City, State, Country (place of	ousiness)	(check ap Controlling	Nature of interest (check applicable) ontrolling Intermediary	
Si	ddons Martin Holding, Inc.	Houston, TX United States		X	internieuluiy	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my da	ate of birth i	S		
	My address is(street)	,,(city)	_,, (state)	(zip code)	., (country)	
				.,/		
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCount	y, State of, o	n the	_day of (month)	, 20 (year)	
				(S ,	
	Signature of authorized agent of contracting business entity					
	(Declarant)					

FORM 1295

1011								
	Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLYComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF FILING							
1	Name of business entity filing form, and the city, state and coun of business.		ficate Number:	ate Number: 56546 led: 2022 cknowledged: tract, and provide a Nature of interest (check applicable) Controlling Intermediary				
	Siddons Martin Emergency Group, LLC	2022	-930340					
	HOUSTON, TX United States			Filed: 7/2022				
2	Name of governmental entity or state agency that is a party to the being filed.	ie contract for which the form is						
	City of Killeen		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.							
	BuyBoard 651-21							
	Pierce Custom Enforcer Pumper							
4								
	Name of Interested Party	City, State, Country (place of busin	ess)		,			
Si	ddons Martin Holding, Inc.	Houston, TX United States		X				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is Kathryn Williams	, and my date of	birth is	, 05/03/198	4			
	My address is	, Houston, ΤΣ	ζ,	77073	_, <u>USA</u>			
	(street)	(city) (st	tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct	ct.						
	Executed in Harris Count	ty, State of Texas, on the	17th _c	day of <u>Novemb</u> (month)				
		Solo C		(month)	(year)			
	Signature of authorized agent of contracting business entity (Declarant)							

FORM 1295

	Complete Nos. 1 - 4 and 6 if there are interested parties. OFFICE USE ONLY Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties. CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and coun of business.	business entity filing form, and the city, state and country of the business entity's place ess.				
	Siddons Martin Emergency Group, LLC	n Emergency Group, LLC				
	HOUSTON, TX United States					
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	11/1	//2022		
	City of Killeen					
			12/0	7/2022		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide		y the c	ontract, and prov	ride a	
	BuyBoard 651-21					
	Pierce Custom Enforcer Pumper					
4						
	Name of Interested Party	City, State, Country (place of busir	ness)	ERTIFICATION OF FILING rtificate Number: 22-956546 te Filed: 17/2022 te Acknowledged: 07/2022 contract, and provide a Nature of interest (check applicable) Controlling Intermedian X 		
-					memediary	
Si	dons Martin Holding, Inc.	Houston, 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	S	·	
	My address is		, state)	(zip code)	, (country)	
	I declare under negative of perium that the foregoing is true and correct					
	I declare under penalty of perjury that the foregoing is true and correct	յլ.				
	Executed inCount	y, State of, on the	(
				(month)	(year)	
		Signature of authorized agent of cor	ntracting	g business entity		
		(Declarant)				

1 of 1

					T (1) T	
	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		
1			Certifi	cate Number: 956706		
	STERLING MCCALL FORD		B.4- F			
_	HOUSTON, TX United States Name of governmental entity or state agency that is a party to the contract for w		Date F 11/17			
2	being filed.		Date (Acknowledged:		
	CITY OF KILLEEN		Dater			
3	Provide the identification number used by the governmental entity or state ager description of the services, goods, or other property to be provided under the c 3280 AMBULANCE	icy to track or identify ontract.	the co	ntract, and prov	ride a	
_		Manager	T	Nature of	interest	
4	Name of Interested Party City, State, C	ountry (place of busine	ess)	(check ap	6.6480.000	
┡				Controlling	Intermediary	
F			1			
		ALCONOVA LANCOV				
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L						
F						
L						
	Check only if there is NO Interested Party.					
6				IM_ NO IA	20	
	My name is PAULO CANTO	, and my date of	birth is	10-07-19		
	My address is 1445 Southwest FREEWAN . 40057	vs .T	X	77014	USA.	
	(street)		tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	1 min	Teste	17	, , NAVI	<u>م</u>	
	Executed inCounty, State of	EXAS, on the	<u> </u>	day of (month)	, 20 <u> / / / / /</u> . (year)	
			\			
		500)			
1	Signature of authenzed agent of contracting business entity (Declarant)					

Forms provided by Texas Ethics Commission

Version V3.5.1.eb87ef42

	CERTIFICATE OF INTERESTED PART	TIES		FORI	м 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		
1	Name of business entity filing form, and the city, state and count of business. STERLING MCCALL FORD	try of the business entity's place	Certificate Number: 2022-956706			
	HOUSTON, TX United States		Date Fi	iled:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	11/17/	11/17/2022		
	being filed. CITY OF KILLEEN Date 12/0					
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid 3280	ty or state agency to track or identify led under the contract.	the con	ntract, and prov	ride a	
	AMBULANCE					
4				Nature of	interest	
[∓]	Name of Interested Party	City, State, Country (place of busin		(check ap		
┝				Controlling	Intermediary	
┝						
┝						
┢						
\vdash						
-						
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) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on the	da			
				(month)	(year)	
		Signature of authorized agent of cor	tracting H	business entity		
Í	(Declarant)					

FORM 1295

					1 01 1
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.		CEI	RTIFICATION	OF FILING
1	Name of business entity filing form, and the city, state and countr of business.	y of the business entity's place		ficate Number: 2-954096	
	Stryker Sales, LLC				
	Portage, MI United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	contract for which the form is	11/1	0/2022	
	City of Killeen	Date	Acknowledged:		
3			ify the c	ontract, and pro	vide a
	description of the services, goods, or other property to be provide	ed under the contract.			
	276720 Madical Devices				
	Medical Devices				
4				Nature o	f interest
*	Name of Interested Party	City, State, Country (place of bus	iness)		oplicable)
				Controlling	Intermediary
┝					
	I			I	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Marisa Wheeler	, and my date	of birth is	<u>02/11/19</u>	96
	My address is 3800 E Centre Ave	,Portage	MI	49002	USA
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct				
	Executed in Collin County	, State of, on th	e_10_		er, 20_22_
		Λ (1 / /	. 0	(month)	(year)
		Naughtu	Med	ler.	
		Signature of authorized agent of c	ontractin	g business entity	

FORM 1295

					1 01 1	
[Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE US	SE ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATIO	N OF FILING	
1	ne of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number 2022-954096		
	Stryker Sales, LLC			2022 334030		
	Portage, MI United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which t	the form is	11/10/2022		
	being filed.			Data Aaknowladga	d.	
	City of Killeen			Date Acknowledge 12/07/2022	u:	
⊢						
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi			the contract, and pi	ovide a	
	276720					
	Medical Devices					
				Nature	of interest	
4	Name of Interested Party	City, State, Country	(place of busine	ess) (check	applicable)	
				Controlling	Intermediary	
┢						
┝						
_						
Ļ	Charles and side and in NO Interneted Darts					
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is		and my date of b	birth is	·	
	My address is					
	My address is(street)	,(city)		ate) (zip code)	, (country)	
		-4				
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCount	ty, State of	, on the _			
				(montl	ר) (year)	
	Signature of authorized agent of contracting business entity (Declarant)					