			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 cour of business.	ntry of the business entity's place	Certificate Number:		
		2022-934527		
Associated Supply Company, Inc. Lubbock, TX United States		Data Filada		
		Date Filed: 09/15/2022		
2 Name of governmental entity or state agency that is a party to the being filed.	ne contract for which the form is	03/13/2022		
City of Killeen, Texas		Date Acknowledged	:	
3 Provide the identification number used by the governmental entities description of the services, goods, or other property to be provided as a service of the service o	tity or state agency to track or identify ded under the contract.	the contract, and pro	wide a	
Contract No. 597-19				
Case TV450B with Attachments				
	1	Nature	of interest	
4 Name of Interested Party	City, State, Country (place of busin		pplicable)	
		Controlling	Intermediary	
Wright, William B. "Brax"	Lubbock, TX United States	X		
Wright, John Stephen	Amarillo, TX United States	x		
Key, Paula Wright	Lubbock, TX United States	x		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION				
My name is SCOTT WILLITAM SHAPP	, and my date of	birth is	11956	
My address is 2102 FAST SLOTON PO.	JUBBORE 7	X Jallal	LISA	
My address is 2102 EAST SLATON RD. (street) P.O. Box 3888	(citv) /et	ate) (zip code)	(country)	
(, f. 0. Dox 3000		79452	-	
I declare under penalty of perjury that the foregoing is true and correc		a /		
Executed in LUBBOCK, LUBBOCK Count	ty, State of TEXAS , on the	day of Seria	, 20 <u>22-</u> . (year)	
	201	(
	IMUN. TON	2		
	Signature of authorized agent of cont (Declarant)	fracting business entity		

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

FORM 1295

			_				
	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 count of business.	Certificate Number: 2022-934527					
	Associated Supply Company, Inc.						
	Lubbock, TX United States			Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	09/1	5/2022			
	City of Killeen, Texas		Date	Acknowledged:			
			10/1	9/2022			
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 prov	ride a		
	Contract No. 597-19 Case TV450B with Attachments						
4				Nature of	interest		
-	Name of Interested Party	City, State, Country (place of busir	iess)	(check ap			
				Controlling	Intermediary		
Ke	y, Paula Wright	Lubbock, TX United States		x			
W	right, John Stephen	Amarillo, TX United States		х			
w	right, William B. "Brax"	Lubbock, TX United States		х			
	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	, and my date of	birth is	S			
	My address is(street)		, tate)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correc						
	Executed inCount	y, State of, on the					
				(month)	(year)		
		Signature of authorized agent of cor (Declarant)	itractin	g business entity			
	me provided by Taylog Ethics Commission	, , , , , , , , , , , , , , , , , , ,		.,	11 1 101bEada		

FORM 1295

					1011
	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 count of business.	try of the business entity's place	Certificate Number: 2022-925724		
	CALDWELL COUNTRY CHEVROLET		2022-	520124	
	Caldwell, TX United States		Date F	iled:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	08/23/	2022	
	being filed.				
	City of Killeen		Date A	cknowledged:	
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid	ty or state agency to track or identify led under the contract.	the cor	ntract, and prov	/ide a
	#601-19				
	New Vehicles				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	
				Controlling	Intermediary
HE	ESTER, Zach	Caldwell, TX United States		x	
SL	ATER, Ryan	Caldwell, TX United States		x	
Κŀ	IAPP, Averyt	Caldwell, TX United States		х	
		<u>.</u>			
			_		
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is Kaupee Nelson	, and my date of b	irth is [20110119	98
	My address is PO_BDX_21(street)	(city), Caldwell, T	X_ ,	11836 (zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct.				
	Executed in BUNLSDN County,	, State of TOXAL, on the	<u>3</u> day	y of AMAM	<u>+</u> , 20 <u>22</u> . (year)
		Kayber No	10	\sim	
		Signature of buthorized agent of contr (Declarant)	acting t	ousiness entity	

FORM 1295

					1011
	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.		CEF	OFFICE USE	-
1	Name of business entity filing form, and the city, state and coun of business.	ntity filing form, and the city, state and country of the business entity's place			
	CALDWELL COUNTRY CHEVROLET		2022	2-925724	
	Caldwell, TX United States		Date	Filed:	
2	Name of governmental entity or state agency that is a party to the	a contract for which the form is		3/2022	
2	being filed.	le contract for which the form is	00/20	0/2022	
	City of Killeen		Date	Acknowledged:	
	2		10/19	9/2022	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provid #601-19		the co	ontract, and prov	ride a
	New Vehicles				
4				Nature of	interest
4	Name of Interested Party	City, State, Country (place of busin	ess)	(check ap	plicable)
				Controlling	Intermediary
KN	IAPP, Averyt	Caldwell, TX United States		х	
SL	ATER, Ryan	Caldwell, TX United States		х	
HE	ESTER, Zach	Caldwell, TX United States		х	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date of	birth is	3	·
	My address is	,,,			,
	(street)	(city) (s	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	ct.			
	Executed inCount	y, State of, on the	c	day of	_, 20
				(month)	(year)
		Signature of authorized agent of con (Declarant)	tractinę	g business entity	

	CERTIFICATE OF INTERESTED PAR	TIES		FOR	м 1295
L					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 OF FILING
1	Name of business entity filing form, and the city, state and cour of business.			ate Number:	
	CHASTANG ENTERPRISES-HOUSTON, LLC DBA CHAST, HOUSTON, TX United States		Date Fil		
2	Name of governmental entity or state agency that is a party to the being filed.	he contract for which the form is	08/16/2		
L				knowledged:	
3	Provide the identification number used by the governmental end description of the services, goods, or other property to be provi	tity or state agency to track or identify	the cont	tract, and prov	/ide a
		ded under the contract.			_
L	PO # K223 2022 F150 ITEM # 123				
4				Nature of	
	Name of Interested Party	City, State, Country (place of busine	· · ⊢	(check ap	
			-+-	Controlling	Intermediary
L			_		
-			+	-	
			-		
-			-		
_			+		
_					
	Check only if there is NO Interested Party.				
6	JNSWORN DECLARATION				
2	Ay name is Jackie Kudy	, and my date of b	virth is)-13-19	80
	Ay address is 6200 N. LOOP East	Housten T	X J	77024	USA.
	(street)	(city) (sta	ite)	(zip code)	(country)
	declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	y, State of <u>TK</u> , on the	6 day	of Augus	_ 20 <u>12</u> . (year)
	\bigcirc	Andie Po.da			(///
	$\overline{\mathcal{O}}$	Signature of authorized agent of contr (Declarant)	acting bu	siness entity	

FORM 1295

						1011
	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFI	CE USE	ONLY
I	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 count of business.	-	Certificate Number: 2022-923087			
	CHASTANG ENTERPRISES-HOUSTON, LLC DBA CHASTA	NG FORD				
	HOUSTON, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the fo	orm is	08/16/2022		
	being filed. CITY OF KILLEEN			Date Acknov	wledged:	
				10/19/2022	-	
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provid		or identify	the contract,	, and provi	de a
	PO # K223					
	2022 F150 ITEM # 123					
				<u> </u>	Nature of i	interest
4	Name of Interested Party	City, State, Country (plac	ce of husine		(check app	
				-		Intermediary
⊢						
⊢						
⊢				_		
-						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and	my date of b	irth is		
	My address is		,		,	·
	(street)	(city)	(sta	te) (zip	o code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	. State of	, on the	day of		. 20 .
		, etato or	, on the	ddy of	(month)	_, 20 (year)
		Signature of authorized a	gent of contr	acting busine	ess entity	
	(Declarant)					

Г	CERTIFICATE OF INTERESTED PAR	TIES	
			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 coun of business.	try of the business entity's place	Certificate Number: 2022-925354
	Chastang Autocar Houston, TX United States		Date Filed:
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	08/23/2022
	City of Killeen		Date Acknowledged:
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		the contract, and provide a
	601-19 Refuse Trucks		
┟			Nature of interest
	Name of Interested Party	City, State, Country (place of busin	ess) (check applicable) Controlling Intermediary
Γ			
┝			
┝			
L			
L			
L			
Γ			
Γ			
5	Check only if there is NO Interested Party.		
6)
	My name is JOHN C. CHASTANG	, and my date of	birth is 7/24/1952.
	My address is 19506 SANCTUARY PLACE (street)		<u>X</u> , <u>77388</u> , <u>USA</u> . (zip code) (country)
	I declare under penalty of perjury that the foregoing is true and correc	st.	
	Executed in HARRIS Count	y, State of \underline{TEXAS} , on the	August 23 day of August 20 22. (month) (year)
	ſ	John Chan	lane
	\sim	Signature of authorized agent of con (Declarant)	tracting business entity

FORM 1295

						1 07 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.	try of the business er	ntity's place		icate Number: -925354		
	Chastang Autocar			2022	020004		
	Houston, TX United States			Date F	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which	the form is	08/23	8/2022		
	being filed.						
	City of Killeen				Acknowledged: 0/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide			the co	ontract, and prov	ide a	
	601-19						
	Refuse Trucks						
4			,		Nature of		
	Name of Interested Party	City, State, Country	/ (place of busine	ess)	(check ap		
_					Controlling	Intermediary	
-							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is		, and my date of I	oirth is		·	
	My address is			,	,	·	
	(street)	(city)		ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	ct.					
	Executed inCount	y, State of	, on the _	d			
					(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)						
1							

					1 0f 1	
	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	1 Name of business entity filing form, and the city, state and country of the business entity's place			Certificate Number:		
	of business. Freightliner of Austin		2022	-934882		
	AUSTIN, TX United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to the	he contract for which the form is	Conceptuation of the Conceptuation of the	6/2022		
	being filed.					
	CITY OF KILLEEN		Date	Acknowledged:		
F	Provide the identification number used by the governmental ent					
3	description of the services, goods, or other property to be provi	ided under the contract.	the co	ontract, and pro	vide a	
	TIPS200206					
	BERGKAMP FP5					
E		1		Nature o	finterest	
4	Name of Interested Party	City, State, Country (place of busine	ess)		oplicable)	
				Controlling	Intermediary	
н	EMPEL, CARLTON	Austin, TX United States			х	
⊢						
Γ		2				
⊢						
F						
L						
┝						
⊢						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION	1			,	
	My name is _ m/ton Hempel	, and my date of b	hirth is	12/5	-167	
					<u></u> .	
	My address is 1701 Son, Ih Ro	Aestin T	X.	18721	OSA	
	(street)	(city) (sta	ate)	(zip code)	(country)	
	I dealars under people of periors that the forcesing is true and assess					
	I declare under penalty of perjury that the foregoing is true and correc	л.		1		
	Executed inCounty	y, State of Texas, on the	16 da	ay of Sept	_, 20 <u>27</u>	
			//	(month)	(year)	
		Sn1. 11.	1			
		Tailly 140	4			
		Signature of authorized agent of contr (Declarant)	racting	business entity		
For	ms provided by Texas Ethics Commission www.eth	nics.state.tx.us		Version	V1.1.191b5cdc	

FORM 1295

╘					1011	
	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.		CE	CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		ti ficate Number: 2-934882		
	Freightliner of Austin					
L	AUSTIN, TX United States			e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	09/1	16/2022		
	CITY OF KILLEEN		Date	e Acknowledged:		
			10/1	19/2022		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide		ify the c	contract, and prov	vide a	
	TIPS200206					
	BERGKAMP FP5					
—				Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of bus	iness)	(check ap		
				Controlling	Intermediary	
н	EMPEL, CARLTON	Austin, TX United States			Х	
-						
-	Check only if there is NO interacted Darts	1		1		
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date	of birth i	is	·	
	My address is(street)	,	(state)	,(zip code)	, (country)	
	I declare under penalty of perjury that the foregoing is true and correct	st.				
	Executed in Count	v State of an th		day of	20	
	Executed inCount	y, state of, on tr	IC	_day of(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)					

				1 01 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 coun of business.	try of the business entity's place	Certificate Number 2022-925423		
	Freightliner of Austin		Data Filed		
2	AUSTIN, TX United States Name of governmental entity or state agency that is a party to the	a contract for which the form is	Date Filed: 08/23/2022		
ľ	being filed.	ie contract for which the form is			
	CITY OF KILLEEN		Date Acknowledge	d:	
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provide	ity or state agency to track or identify ded under the contract.	the contract, and pr	ovide a	
	TIPS200206				
	Rear Loader				
4				of interest	
	Name of Interested Party	City, State, Country (place of busin	Controlling	applicable) Intermediary	
н	empel, Carlton	Austin, TX United States	Controlling	X	
	Γ.				
				5730	
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION			1	
	My name is a ton Hempel	, and my date of	birth is $12/5/$	1967	
	My address is 1701 Smith Rol (street)	<u>A-s-</u> , <u>7</u> (city) (si	TX, 78721 (zip code)	, OSA (country)	
	I declare under penalty of perjury that the foregoing is true and correc	ct.			
	Executed in TRACS Count	y, State of Terrs, on the			
		Sele im	(month	i) (year)	
	\mathbf{C}	Signature of authorized agent of con (Declarant)	tracting business entit	y	
		,7			

Forms provided by Texas Ethics Commission

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Version V1.1.191b5cdc

www.ethics.state.tx.us

FORM 1295

L					101	
Complete Nos. 1 - 4 and 6 if there are interested parties.OFFICE USE ONLComplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.CERTIFICATION OF F						
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place		Certificate Number: 2022-925423		
	Freightliner of Austin		202			
	AUSTIN, TX United States		Date	e Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form is	08/2	23/2022		
	CITY OF KILLEEN		Date	e Acknowledged:		
			10/1	19/2022		
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provide		tify the d	contract, and prov	vide a	
	TIPS200206 Rear Loader					
		1		Nature of	finterest	
4	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap		
	····· ··· ··· ··· ··· ··· ··· ··· ···		/	Controlling	Intermediary	
He	empel, Carlton	Austin, TX United States			X	
-						
	Check only if there is NO Interested Party.	1				
6	UNSWORN DECLARATION					
	My name is	, and my date	e of birth i	is	·	
	My address is(street)	, (city)	(state)	,(zip code)	., (country)	
	I declare under penalty of perjury that the foregoing is true and correc	st.				
	Executed inCount	y, State of, on t	he	_day of	, 20	
				(month)	(year)	
	Signature of authorized agent of contracting business entity (Declarant)					
		, , ,				

FORM 1295

						1011		
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 cou of business.	place	Certificate Number: 2022-926190					
	Firetrucks Unlimited, LLC			2022	-920190			
	Henderson, NV United States			Date	Filed:			
2	Name of governmental entity or state agency that is a party to t	the contract for which the fo	rm is		4/2022			
-	being filed.							
	City of Killeen			Date	Acknowledged:			
3	Provide the identification number used by the governmental endescription of the services, goods, or other property to be prov		or identify	the co	ontract, and pro	vide a		
	Sourcewell 120921-BLE for Brus Wildland Fire Truck							
4					Nature o	f interest		
4	Name of Interested Party	City, State, Country (plac	ce of busin	ess)	(check a	oplicable)		
					Controlling	Intermediary		
5	Check only if there is NO Interested Party.					-		
6	UNSWORN DECLARATION							
	My name is Brian Reyburn	, and	my date of	birth is	August 3,	1979		
	My address is 1175 Center Point Dr	, Henderson	, <u>N\</u>	/ ,	89074	USA		
	(street)	(city)	(st	ate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and corre	ect.						
	Executed in Clark Cour	nty, State of Nevada	, on the _	25 _c	day of <u>Augus</u>			
Í					(ກາວກະກ)	(year)		
		, Ba	~ Fy	•				
		Signature of authorized a	gent of cont larant)	tracting	g business entity			

FORM 1295

				<u></u>	1011	
	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	OFFICE USE		
1	Name of business entity filing form, and the city, state and coun of business.	try of the business entity's place	Certificate Number: 2022-926190			
	Firetrucks Unlimited, LLC		2022	2-920190		
	Henderson, NV United States		Date	Filed:		
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		4/2022		
-	being filed.					
	City of Killeen			Acknowledged: 9/2022		
3	Provide the identification number used by the governmental enti description of the services, goods, or other property to be provide				ide a	
	Sourcewell 120921-BLE for Brus					
	Wildland Fire Truck					
4				Nature of	interest	
Ĩ	Name of Interested Party	City, State, Country (place of busin	ness)	(check ap		
				Controlling	Intermediary	
-				I		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my date of	birth is	8	·	
	My address is					
	My address is (street)		state)	(zip code)	(country)	
	I declare under penalty of perium that the foregoing is true and correct	۰. ۲				
	I declare under penalty of perjury that the foregoing is true and correct					
	Executed inCount	y, State of, on the				
				(month)	(year)	
		Signature of authorized agent of co	ntractin	a business entity		
	Signature of authorized agent of contracting business entity (Declarant)					

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.			CE	OFFICE USI RTIFICATION	
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-935443		
	Polaris Sales Inc					
	Medina, MN United States				Filed:	
2	Name of governmental entity or state agency that is a party to being filed.	o the contract for which	the form is		.9/2022	
	City of Killeen, TX			Date	Acknowledged:	
3	Provide the identification number used by the governmental edescription of the services, goods, or other property to be pro-			the c	ontract, and pro	vide a
	Sourcewell 122220-PSI					
	Sales of Polaris RANGER					
4						f interest
-	Name of Interested Party	City, State, Countr	y (place of busin	ess)		pplicable)
					Controlling	Intermediary
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Jim Burk		_, and my date of	birth is	_s 21-Jan-69	·
	My address is 2100 Highway 55	, Medina	<u>,</u> M	<u>Ν</u> ,	55340	USA .
	(street)	(city)	(st	tate)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and co	rrect.				
	Executed in Hennepin Co	ounty, State of Minnes	ota, on the	19		
			1		(month)	(year)
		A	The			
		Signature of autho	rized agent of con	tractin	ig business entity	

FORM 1295

					1 07 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 coun of business.	-	Certificate Number: 2022-935443			
	Polaris Sales Inc					
	Medina, MN United States		D	ate Filed:		
2	Name of governmental entity or state agency that is a party to the	e contract for which the for	rm is 0	9/19/2022		
	being filed.			ate Acknowledged:		
	City of Killeen, TX			0/19/2022		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi		or identify th	e contract, and pro	vide a	
	Sourcewell 122220-PSI					
	Sales of Polaris RANGER					
		1		Nature o	f interest	
4	Name of Interested Party	City, State, Country (plac	e of busines		oplicable)	
				Controlling	Intermediary	
5	Check only if there is NO Interested Party.			·		
6	UNSWORN DECLARATION					
	My name is	, and i	my date of bir	th is		
	My address is	,,	,	,	_,	
	(street)	(city)	(state	e) (zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct	xt.				
	Executed inCount	y, State of	, on the	day of	, 20	
				(month)	(year)	
		Signature of authorized a (Decl	gent of contra larant)	cting business entity		

CERTIFICATE OF INTERESTED PAR	TIES		500	м 1295
			FUR	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	
 Name of business entity filing form, and the city, state and cour of business. Rockdale Country Ford Rockdale, TX United States 	Certificate Number: 2022-925727 Date Filed:			
2 Name of governmental entity or state agency that is a party to the being filed. City of Killeen	Date Filed: 08/23/2022 Date Acknowledged:			
3 Provide the identification number used by the governmental end description of the services, goods, or other property to be provi #601-19 New Vehicles	tity or state agency to track or identify ided under the contract.	the contra	ct, and prov	vide a
4 Name of Interested Party	City, State, Country (place of busine		Nature of (check ap	
HESTER, Zach	Caldwell, TX United States	X		
SLATER, Ryan	Caldwell, TX United States	×		
KNAPP, Averyt	Caldwell, TX United States	×		
5 Check only if there is NO Interested Party.				
6 UNSWORN DECLARATION My name is KONDEE NEIDH	, and my date of b	pirth is	011011	998
My address is DD PDX 72 ROCKAQUE TX, 12521, UIA (street) (city) (state) (zip code) (country)				
I declare under penalty of perjury that the foregoing is true and correct Executed inCount	rt. y, State of <u>TOXOU</u> , on the <u>1</u>	<u>D</u> day of	(month)	1, 20 <u>22</u> . (year)
	Signature of authorized agent of contr (Declarant)	200 racting busin	ness entity	

FORM 1295

						1011	
	lete Nos. 1 - 4 and 6 if there are interested parties.				OFFICE USE	-	
-	lete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.						
	of business entity filing form, and the city, state and c siness.	ountry of the business	entity's place	Certificate Number: 2022-925727			
	dale Country Ford						
	dale, TX United States of governmental entity or state agency that is a party t	o the contract for which	the form is	Date F 08/23	Filed: 8/2022		
being	filed.	o ne contract for willer					
City o	f Killeen				Acknowledged: 0/2022		
3 Provid	de the identification number used by the governmental	entity or state agency t	o track or identify			/ide a	
	iption of the services, goods, or other property to be p				and pro-		
#601 New	-19 Vehicles						
4					Nature of		
	Name of Interested Party	City, State, Count	ry (place of busin	ess)	(check ap Controlling	plicable) Intermediary	
KNAPP,	Averyt	Caldwell, TX Ur	ited States		X	memeulary	
SLATER	r, Ryan	Caldwell, TX Ur	nited States		Х		
HESTEF	R, Zach	Caldwell, TX Ur	ited States		Х		
5 Check	c only if there is NO Interested Party.						
6 UNSW	ORN DECLARATION						
My na	me is		_, and my date of	birth is		·	
My ad	dress is(street)	,, (city)	,,, (s	, _ tate)	(zip code)	., (country)	
l decla	are under penalty of perjury that the foregoing is true and co	prrect.					
Fyacu	Executed inday of, 20						
LXECU	UUUUU	Sunty, State of	, on the	0	(month)	, 20 (year)	
	Signature of authorized agent of contracting business entity (Declarant)						

		_			
	CERTIFICATE OF INTERESTED PART	FIES		FOR	м 1295
				_	1 of 1
⊨	Complete Neg. 1 4 and 6 if there are interacted partice			OFFICE USE	
	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	CERTIFICATION OF FILING		
1		ry of the business entity's pla		ficate Number:	
	of business. SILSBEE FORD		2022	2-925582	
	SILSBEE, TX United States			Filed:	
2	Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form i	is 08/2	3/2022	
	KILLEEN CITY OF		Date	Acknowledged:	
	Duravida dha idantification number usad bu dha nanamental anti				viela a
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provid		dentity the c	ontract, and prov	lide a
	210907				
	FLEET VEHICLES				
4	Name of Interested Party	City, State, Country (place o	f husiness)	Nature of (check ap	
	Name of interested Party	City, State, Country (place o	i businessj	Controlling	Intermediary
D	ONALSON, DREW	SILSBEE, TX United State	es	х	
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\vdash					
-					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my	date of birth is	12/24/1985	
		, and my			·
	My address is1211 US HIGHWAY 96 NORTH	,SILSBEE	, <u></u> ,, (state)	77656	, <u>USA</u> .
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed in HARDIN County	V State of TX	on the 23	day of AUG	₂₀ 22
		, eale of,		(month)	, 20 (year)
				()	
		STHGAM			
		Signature of authorized agen (Declarar		g pusiness entity	

Γ	CERTIFICATE OF INTERESTED PAR	TIES			м 1295		
				FOR	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.		CE	OFFICE USE			
1	1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Cer SILSBEE FORD 202						
	SILSBEE, TX United States			Filed: 3/2022			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is					
	KILLEEN CITY OF			Acknowledged: 9/2022			
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. 210907 FLEET VEHICLES 						
_				Nature o	finterest		
4	Name of Interested Party	City, State, Country (place of b	usiness)	(check ap			
D	ONALSON, DREW	SILSBEE, TX United States		Controlling X	Intermediary		
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5	Check only if there is NO Interested Party.			1			
6	UNSWORN DECLARATION						
	My name is	, and my da	te of birth is	3	·		
	My address is	,(city)	,, (state)	(zip code)	., (country)		
			(5:0:0)	(, ,	(
	I declare under penalty of perjury that the foregoing is true and correct Executed inCount		the	day of	, 20 .		
	OOUN.	, , .		(month)	, 20 (year)		
		Signature of authorized agent o (Declarant)	f contractin	g business entity			

FORM 1295

				17-018-1400	1 of 1
Complete Nos. 1 - 4 and 6 if there are int Complete Nos. 1, 2, 3, 5, and 6 if there a	terested parties. are no interested parties.		CE	OFFICE US	
of business. STERLING MCCALL FORD	 Name of business entity filing form, and the city, state and country of the business entity's place of business. 				
HOUSTON, TX United States	an a			Filed:	
 Name of governmental entity or state a being filed. 	agency that is a party to	the contract for which the f	orm is 09/1	.5/2022	
CITY OF KILLEEN				Acknowledged:	
3 Provide the identification number used description of the services, goods, or AM10-20 AMBULANCE	I by the governmental er other property to be prov	ntity or state agency to trac vided under the contract.	k or identify the c	ontract, and pro	ivide a
		l		Nature o	of interest
4 Name of Interested P	Party	City, State, Country (pla	ace of business)	1	pplicable)
				Controlling	Intermediary
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norda). milete nord	- mon mmerc	an a			
					- mercani
ant constants i constant constants					
negati i					
5 Check only if there is NO Interested Par	rty. X				
6 UNSWORN DECLARATION	nin yang salatan ya	, , , , , , , , , , , , , , , , , , ,			
My name is <u>Pablo Canto</u>	Jr.	, and	my date of birth is	10-9-1	970
My address is <u>6445</u> Suthwy (stree		, HOVS+3n (city)	<u>, Tx</u> , _ (state)	<u>17074</u> (zip code)	<u>US4</u>
· ·			loidici	(ZIp coue)	(country)
I declare under penalty of perjury that the f	loregoing is true and corre	ct.			
Executed in <u>Harris</u>	Coun	ity, State of Texas	, on the <u>15^{th}</u> da	ay of Splemb	· · · · · · · · · · · · · · · · · · ·
	(marine and a second se			(monu)	(year)
	(
	"" fan Onesse	Signature of authorized at	gent of contracting larant)	business entity	

Forms provided by Texas Ethics Commission

Version V1.1.191b5cdc

	CERTIFICATE OF INTERESTED PART	FIES		FOR	м 1295 1 of 1
⊨				OFFICE USE	-
	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	RTIFICATION	
1	Name of business entity filing form, and the city, state and count of business. STERLING MCCALL FORD HOUSTON, TX United States	ry of the business entity's place	2022	ficate Number: 2-934251 Filed:	
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is		5/2022	
	being filed. CITY OF KILLEEN			Acknowledged: 9/2022	
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. AM10-20 AMBULANCE				
				Nature of	f interest
4	Name of Interested Party	City, State, Country (place of busi	ness)	(check ap	
┝				Controlling	Intermediary
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-					
\vdash					
╞					
\vdash					
5	Check only if there is NO Interested Party.				
6	UNSWORN DECLARATION				
	My name is	, and my date c	of birth is	8	
	My address is	,,,			.,
	(street)	(city)	(state)	(zip code)	(country)
	I declare under penalty of perjury that the foregoing is true and correct	t.			
	Executed inCounty	/, State of, on the	e	day of(month)	, 20 (year)
		Signature of authorized agent of co (Declarant)	ontractin	g business entity	

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		
					CERTIFICATION OF FILING		
1	Name of business entity filing form, and the city, state and count of business.	try of the bu	siness entity's place		ficate Number: 2-931407		
	Stryker Sales, LLC						
	Portage , MI United States				Filed:		
2	Name of governmental entity or state agency that is a party to the being filed.	e contract f	or which the form is	09/0	8/2022		
	City of Killeen			Date	Acknowledged:		
3	Provide the identification number used by the governmental enti	ity or state a	gency to track or iden	tify the c	ontract, and pro	vide a	
	description of the services, goods, or other property to be provid	ded under th	ne contract.				
	276720						
	Medical Devices						
4						f interest	
	Name of Interested Party	City, State	e, Country (place of bu	siness)		oplicable)	
⊢					Controlling	Intermediary	
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┢							
┝							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is <u>Marisa Wheeler</u>		, and my date	of birth is	s02/11/19	996	
	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 correc	xt.					
	Executed inCounty	y, State of _	Texas, on t	ne_8_0	day of <u>Septem</u>	ber, 20 <u>22</u> .	
				()	(month)	(year)	
			Noner	Whe	elet,		
		Signature	of authorized agent of ((Declarant)	contracting	g business entity		

FORM 1295

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Γ	Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE U			
Ļ	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 count of business.	try of the business entity's place	Certificate Number 2022-931407	r:		
	Stryker Sales, LLC		2022 001401			
	Portage , MI United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to th being filed.	e contract for which the form is	09/08/2022			
	City of Killeen		Date Acknowledge	ed:		
			10/19/2022			
3	Provide the identification number used by the governmental entit description of the services, goods, or other property to be provide		the contract, and p	rovide a		
	276720					
ĺ	Medical Devices					
4	·			e of interest		
[Name of Interested Party	City, State, Country (place of busin	,	applicable)		
⊢			Controlling	Intermediary		
<u> </u>						
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-						
5	Check only if there is NO Interested Party.		- ·			
6						
[
	My name is	, and my date of	birth is	·		
	My address is					
	My address is(street)		ate) (zip code)	, (country)		
			. ,	- /		
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed inCounty	y, State of, on the _				
			(mont	th) (year)		
		Signature of authorized ecent of ec-	tracting business or	ity		
	Signature of authorized agent of contracting business entity (Declarant)					

							1 of 1	
Complete Nos. Complete Nos.	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.				OFFICE USE ONLY CERTIFICATION OF FILING			
Name of busin of business. TYMCO, Inc.	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-933581				
Waco, TX Un	ited States				Date Filed:			
being filed.	ame of governmental entity or state agency that is a party to the contract for which the form is ing filed.			09/14/2022				
City of Killeen	i, TX				Date A	cknowledged:		
description of Sweeper Pro	entification number used by the gover the services, goods, or other property ject SW04-20 el 600 Sweeper	mmental entity / to be provide	or state agency to d under the contra	track or identify ct.	the cor	ntract, and pro	vide a	
\$					Nature of interest			
	Name of Interested Party	3	City, State, Country (place of busin			(check ap Controlling	pplicable) Intermediary	
	there is NO Interested Party.							
My name is	Kenneth J. Young			, and my date of	birth is	3/25/52		
My address is _	3108 Woodlake			aco,	тх	76710	USA .	
	(street)		(city)	(s	tate)	(zip code)	(country)	
I declare under	penalty of perjury that the foregoing is tr	ue and correct.						
Executed in	McLennan	County,	State ofTex	kas, on the	<u>14t</u> b;		The second s	
			Kerne	Hgn.	\sim	(month)	(year)	
			Signature of author	ized agent of con	tracting	business entity		

FORM 1295

					101	
	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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2022-933581		
	TYMCO, Inc.					
	Waco, TX United States			Date Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	s 09/1	14/2022		
	being filed.		Det	Acknowledged		
	City of Killeen, TX			e Acknowledged: 19/2022		
3	description of the services, goods, or other property to be provi	ion number used by the governmental entity or state agency to track or identify the contract, and provide a vices, goods, or other property to be provided under the contract.				
	Sweeper Project SW04-20					
	TYMCO Model 600 Sweeper					
				Nature of	interest	
4	Name of Interested Party	City, State, Country (place of business)			plicable)	
L	· · · · · · · · · · · · · · · · · · ·			Controlling	Intermediary	
Γ						
┝						
	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is	, and my d	late of birth i	is	·	
	My address is(street)	,,, _ ,,,,,,,,,,,, _ ,,,,, _ ,, _ ,, _ ,, _ , _ ,, , _ , _	,	·	,	
	(street)	(city)	(state)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCount	tv. State of	on the	dav of	. 20	
	could in	, etako or, e		(month)	, <u>20</u> . (year)	
	Signature of authorized agent of contracting business entity (Declarant)					

					101		
ſ	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.			Certificate Number: 2022-933957			
	United Ag & Turf Taylor, TX United States	the second states and	Date	Filed:			
2	Taylor, TX United States Name of governmental entity or state agency that is a party to the being filed.	e contract for which the form 1s		4/2022			
	City of Killeen		Date	Acknowledged:	-		
3	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.						
	110719-JDC Ag Tractors with Related Attachments, Accessories and Sup	plies					
4	Name of Interested Party	City, State, Country (place of busines			of interest applicable)		
	Name of Interested Party			Controlling	Intermediary		
U	nited Ag & Turf	Taylor, TX United States	х				
Ja	ackson, Travis	Round Rock, TX United States			×		
	_						
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L							
L							
L							
5 Check only if there is NO Interested Party.							
6 UNSWORN DECLARATION							
	My name is, and my date of birth is						
	My address is <u>3639 BASS LOOP</u> , <u>ROWD LICK</u> , <u>TX</u> , <u>78665</u> , <u>USA</u> . (street) (city) (stale) (zip code) (country)						
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in						
	Signature of authorized agent of contracting business entity						
	/ (Declarant)						

FORM 1295

					1011		
Complete Nos. 1 4 and 6 in there are interested parties.				OFFICE USE	-		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			Certificate Number: 2022-933957			
	United Ag & Turf		2022 300301				
	Taylor , TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			09/14/2022			
	City of Killeen		Date	Acknowledged:			
				.9/2022			
3							
	110719-JDC Ag Tractors with Related Attachments, Accessories and Supplies						
4			_	Nature of			
ľ	Name of Interested Party	City, State, Country (place of busi	iess)	(check ap			
				Controlling	Intermediary		
Ja	ckson, Travis	Round Rock, TX United States			Х		
U	nited Ag & Turf	Taylor, 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(street)	,,,,,,,,	, state)	(zip code)	, (country)		
	I declare under penalty of perjury that the foregoing is true and correct	xt.					
	Executed inCount	y, State of, on the		day of(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity (Declarant)						