## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

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	A second product of the second sec			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.	CEF	OFFICE USE		
1	Name of business entity filing form, and the city, state and country of the business entity's place of business. NORTH AMERICA FIRE EQUIPMENT CO INC Decatur, AL United States	2019 Date	Certificate Number: 2019-486682 Date Filed:		
2	Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Killeen Fire Department	05/06/2019 Date Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identify description of the services, goods, or other property to be provided under the contract. Bunker Gear FY19 Bunker Gear	y the co	ontract, and pro	vide a	
4	Name of Interested Party City, State, Country (place of busin		(check ap	Nature of interest (check applicable) Controlling Intermediary	
			Controlling	Internetiary	
_					
		(			
_			6 2		
5	Check only if there is NO Interested Party.	t			
6	My name is BRIAN OAKS, and my date of	birth is			
		state)	(zip code)	(country)	
6	I declare under penalty of perjury that the foregoing is true and correct.  Executed inCounty, State of Ac, on the		lay of <u>Mac</u> (month)	<u>,</u> 20 <u>/9</u> . (year)	
1.1	Signature of authorized agent of con (Declarant)	itracting	J business entity		

Forms provided by Texas Ethics Commission

Version V1.1.39f8039c

## **CERTIFICATE OF INTERESTED PARTIES**

## FORM 1295

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_	Decatur, AL United States		e Filed:					
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				30/2019				
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	Bunker Gear FY19							
	Bunker Gear							
4				Nature of				
	Name of Interested Party	City, State, Country (place of bu	siness)	(check ap				
				Controlling	Intermediary			
_								
_								
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	and my date	e of birth i	is				
		, and my date			·			
	My address is	,,		9	.,			
	(street)	(city)	(state)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct							
	Executed inCounty	. State of	he	day of	. 20			
	County	,, 011		(month)	, 20 (year)			
	Signature of authorized agent of contracting business entity							
		(Declarant)						