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.						DFFICE USE		
1	Name of business entity filing form, and the city, state and c		of the bus	iness entity	's place	CERTIFICATION OF FILING  Certificate Number:			
	of business.					2023-1	L085631		
	Advance Stores Company, Incorporated dba Advance Auto Parts Raleigh, NC United States					Date Filed:			
2		to the	contract fo	r which the	orm is	10/20/2023			
_	peing filed.					_5,_5,_5			
	City of Killeen					Date A	cknowledged:		
3	Provide the identification number used by the governmental description of the services, goods, or other property to be property to be provided by the governmental description of the services.				k or identify	the cor	itract, and prov	ride a	
	Omnia 2017000280								
	Automotive Parts								
4		T					Nature of	interest	
_	Name of Interested Party		City, State,	Country (pl	ace of busin	ess)	(check ap		
		+					Controlling	Intermediary	
		+							
		$\dashv$							
5	Check only if there is NO Interested Party.								
6	UNSWORN DECLARATION								
0	UNSWORN DECLARATION								
	My name is <u>Todd Sanders</u>			, an	d my date of	birth is _	10/26/1970	·	
	My address is 4200 Six Forks Road			Raleigh	N	IC .	27609	. USA .	
	(street)			(city)		ate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and co	orrect.							
	Executed in Wake Co	ounty,	State of	NC	, on the	<u>20th</u> da	y of <u>October</u>	, 20 <u>23</u> .	
	<del></del>	-			_	_	(month)	(year)	
		- 44	D.M.						
	<u> </u>	Todd Sa	nders (Oct 20, 2						
			Signature		agent of contections	tracting I	business entity		

FORM **1295** 

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	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 business.	Certificate Number: 2023-1085967						
	Chastang Ford		100000					
	Houston, 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	10/20/2023					
	being filed.				Date Acknowledged:			
	City of Killeen		Date	Ackilowieugeu.				
			41	V	data a			
3	Provide the identification number used by the governmental entity description of the services, goods, or other property to be provide	y or state agency to track or identity ed under the contract.	tne co	ontract, and prov	/ide a			
	715-23							
!	629-20 Automotive Parts							
_				Nature of	interest			
4	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap	check applicable)			
				Controlling	Intermediary			
		•						
					_			
			_					
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION	<del></del> .		m//				
	My name is John Sm.+h	and my date of	birth is	800/	7			
	My address is 14514 Stroman D: Cypes , tx , fright for (city) (state) (zip code) (cour							
	(street)	(city) (st	,	(2000)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct.	to.	200	01				
	Executed in Harris County, State of Tolks, on the 20 day of (month) (year)							
		Signature of authorizedt/	tra-t!-	a busisasa**	. <u>-</u>			
	Signature of authorized agent of contracting business entity (Declarant)							

FORM **1295** 

Complete Nos. 1 - 4 and 6 if there are interested partic Complete Nos. 1, 2, 3, 5, and 6 if there are no interest	es. ted parties,	CE	OFFICE USE			
Name of business entity filing form, and the city, s of business.	Certi	Certificate Number: 2023-1086389				
HEIL OF TEXAS						
IRVING, TX United States  2 Name of governmental entity or state agency that	is a party to the contract for which the form is		Date Filed: 10/23/2023			
being filed. City of Killeen	idas primitarios (ABC - Material - Material Medical Me	Date	Date Acknowledged:			
and of Milechia						
3 Provide the identification number used by the gov description of the services, goods, or other proper	ernmental entity or state agency to track or identi rty to be provided under the contract.	ify the c	ontract, and pro	vide a		
BUYBOARD 686-22 REFUSE BODY PARTS						
4 Name of Interested Party	City, State, Country (place of bus	inece)	Nature o	f interest		
Name of interested fairly	only, State, Country (place of bus	ilicssj	Controlling	Intermediary		
			_			
5 Check only if there is NO Interested Party.						
6 UNSWORN DECLARATION						
My name is Ramon Martine  My address is 1440 5. Loop 12	and my date o	of birth is	4-8-19	79		
My address is 1440 5. Coop 12	Tring	JX.	75060	USA		
(streel)	(city)	(state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is	true and correct.					
Executed in Dallas	County, State of, on the	e <u>23</u> (				
		$\rightarrow$	(month)	(year)		
*	/ Doy	_				
	Signature of authorized agent of co (Declarant)	ntracting				
Forms provided by Texas Ethics Commission 🥒	www.ethics.state.tx.us		Version V3	3.5.1.cb183824		

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 CERTIFICATION OF FILING					
1	Name of business entity filing form, and the city, state and country of the bu	Certificate Number:					
	Lonestar Freightliner Group, LLC dba Lonestar Truck Group Waco	2023-1086181					
	Waco, TX United States		Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract f being filed.	or which the form is	10/23/2023				
	City of Killeen		Date Acknowledged:				
3	Provide the identification number used by the governmental entity or state a	gency to track or identify	the co	ontract, and prov	/ide a		
	description of the services, goods, or other property to be provided under the 601-19 and TIPS Contract 22100	ie contract.					
	Heavy Duty Truck Parts						
_							
4	Name of Interested Party City, State	Country (place of busin	\	Nature of	Contract of the Contract of th		
	Name of interested Party City, State	e, Country (place of busine	ess)	(check ap	Intermediary		
				Controlling	intermediary		
_							
5	Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is JASON Wade	, and my date of t	oirth is	3/16/	72		
	My address is 430 S Main St G	corgotown 1	TV.	78726	US		
	(street) (city) (state) (zip code) (country)						
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed inCounty, State of	1exas, on the	23 <sub>d</sub>		, 20 <u>23</u> .		
		7,		(month)	(year)		
	Mal						
	Signature	of authorized agent of cont	racting	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.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number:				
	Central Texas Auto Parts, Inc. dba NAPA Auto Parts		2023-1086387			
	Killeen, 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	10/23/2023			
	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.					
	032521-GPC					
	Automotive, Truck, and Industrial parts, accessories, and com	modities				
4	Name of Interest I Section	0	Nature of			
	Name of Interested Party	City, State, Country (place of busine		pplicable)		
			Controlling	Intermediary		
-		-				
5	Check only if there is NO Interested Party.		,			
6	UNSWORN DECLARATION	H	***************************************			
	My name is <u>Gene C. Lutz</u>	, and my date of b	oirth is <u>09/21/197</u>	·		
	My address is 1200 E. Stan Schlueter Loop, Suite 101A (street)	, <u>Killeen</u> T. (city) (sta	X , 76542 ate) (zip code)	U.S.A. ,		
	I declare under penalty of perjury that the foregoing is true and correct	t.				
	Executed in Bell County,	State of <u>Texas</u> , on the _	23rd day of October (month)	_, 20 <u>23</u> (year)		
		5-1	(monal)	(yeai <i>)</i>		
		Signature of authorized agent of cont (Declarant)	racting business 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.	OFFICE USE ONLY CERTIFICATION OF FILING				
1	Name of business entity filing form, and the city, state and count of business.	Certificate Number: 2023-1085949				
	O'Reilly Auto Enterprises LLC dba O'Reilly Auto Parts		2020 1000040			
	Springfield, MO United States		Date Filed:			
2		e contract for which the form is	10/20	)/2023		
	City of Killeen	eing filed. Fity of Killeen				
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 pro	vide a	
	230604 Aftermarket Automotive Parts, Accessories and Supplies					
4	Name of Interested Party	City, State, Country (place of busin	ess)	Nature o (check ar	f interest oplicable)	
			´	Controlling	Intermediary	
				_		
					_	
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Misty Burge , and my date of birth is 12/06/1981					
	My address is 233 S. Patterson Ave (street)		IO_, ate)	65802 (zip code)	., USA (country)	
	I declare under penalty of perjury that the foregoing is true and correc	ot.				
Executed in Greene County, State of Missouri , on the 20 day of October (month)					er <sub>, 20_23</sub> . (year)	
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 p	arties.				OFFICE USE ONLY CERTIFICATION OF FILING				
	Name of business entity filing form, and the city, state of business.	and countr	ry of the bu	ısiness entity's	-	Certificate Number:				
	Southern Tire Mart LLC					2023-1086431				
	Columbia, MS United States						Date Filed:			
	Name of governmental entity or state agency that is a plaing filed.	governmental entity or state agency that is a party to the contract for which the form is d.					10/23/2023			
	City of Kileen					Date Ack	te Acknowledged:			
	Provide the identification number used by the governmescription of the services, goods, or other property to 636-21 Tires	nental entit be provid	y or state a ed under t	agency to track he contract.	or identify t	he contr	act, and prov	ride a		
_							Nature of	interest		
4	Name of Interested Party		City, Stat	e, Country (plac	e of busine					
						<u>C</u>	ontrolling	Intermediary		
Du	ff , thomas		Columbia, MS United States			X				
Du	ff, James		Columb	ia, MS United S	States	Х				
5	Check only if there is NO Interested Party.									
6	UNSWORN DECLARATION									
1	My name is Richard Conwill			, and I	my date of b	irth is <u>9</u>	/10/1950			
1	My address is 800 HWY 98		,	Columbia	,MS	,	39429	, <u>USA</u> .		
	(street)			(city)	(sta	te)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true	and correct	t.							
	Executed in <u>Marion</u>	County	, State of _	Mississippi	, on the	2 <mark>3 _</mark> day (	of October (month)	, 20 <u>3</u> . (year)		
		,	Rich	ard B.	Con	will	V			
Signature of authorized agent of o					gent of contr	acting bu	siness entity			