

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.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.  
OpenGov Inc.  
San Francisco, CA United States

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

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.  
  
2024, OpenGov Software  
OpenGov Software & Professional Services

OFFICE USE ONLY  
CERTIFICATION OF FILING

Certificate Number:  
2024-1113108

Date Filed:  
01/17/2024

Date Acknowledged:

| 4 | Name of Interested Party   | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|----------------------------|--|--|--------------|
|   |                            |  | Controlling                              | Intermediary |
|   | Andreessen, Marc           | San Francisco, CA United States          | X  |              |
|   | Chambers , John            | San Francsico, CA United States          | X  |              |
|   | Lonsdale, Joe              | San Francisco, CA United States          | X  |              |
|   | Hald , Amy                 | San Francisco, CA United States          | X  |              |
|   | August-de-Wilde, Katherine | San Francisco, CA United States          | X  |              |
|   | Bookman, Zac               | San Francisco, CA United States          | X  |              |
|   | Sa Freire, Thiago          | San Francisco, CA United States          |  | X            |
|   | Seshardri, Suresh          | San Francisco, CA United States          |  | X            |
|   | Kramer, Sam                | San Francisco, CA United States          |  | X            |

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

Sam Kramer

9/23/1986

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

6625 Paxton Road

North Bethesda

MD

20852

USA

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.

(street)

(city)

(state)

(zip code)

(country)

I declare under penalty of perjury that the foregoing is true and correct.

Montgomery

County, State of Maryland

17.00

1.00

24.00

Executed in \_\_\_\_\_, on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(month)

(year)

DocuSigned by:

Sam kramer

A3AEFF18117C415

Signature of authorized agent of contracting business entity  
(Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V3.5.1.0bfcfb67

# 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

**1 Name of business entity filing form, and the city, state and country of the business entity's place of business.**

Kronos SaaS, Inc.  
Branchburg, NJ United States

**Certificate Number:**  
2024-1111417

**Date Filed:**  
01/12/2024

**Date Acknowledged:**

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

City of Killeen

**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.**

City of Killeen ERP  
Payroll/HCM Software

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest<br>(check applicable) |              |
|---|--------------------------|--|--|--------------|
|   |                          |  | Controlling                              | Intermediary |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |
|   |                          |  |  |              |

**5 Check only if there is NO Interested Party.**



### 6 UNSWORN DECLARATION

My name is Brian Coopman, and my date of birth is 02/18/1985.

My address is 5278 Grove Mill Loop, Bradenton, FL, 34211, USA.  
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in Manatee County, State of Florida, on the 12 day of January, 2024.  
(month) (year)

*Brian A. Coopman*

Signature of authorized agent of contracting business entity  
(Declarant)