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. | | | Certificate Number: 2017-158055 | | | | | | |
| | ROMCO Equipment | | | | | | | | | |
| | Round Rock, 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. | | | 01/25/2017 | | | | | | |
| | City of Killeen | | | Date Acknowledged: | | | | | | |
| 3 | rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract. | | | | | | | | | |
| | TBD Lease for excavator and wheel loader | | | | | | | | | |
| L | Nature of interest | | | | | | | | | |
| 4 | Name of Interested Party City, State, Country (place of busine | | | | | | | | | |
| | | | | Controlling Intermediary | | | | | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | | | |
| 6 | AFFIDAVIT I swear, or affirm, und | er penalty of perjury, that the | e above | disclosure is tru | e and correct. | | | | | |
| | MISTY TRAVIS Notary Public, State of Texas My Commission Expires April 10, 2019 Signature of authorized agent of contracting business entity AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | |
| | Sworn to and subscribed before me, by the said Andrew Bruxvoort, this the 26th day of January 20_017, to certify which, witness my hand and seal of office. | | | | | | | | | |
| | Signature of officer administering oath Misty Tra | Vis No | | Public L | Nilliamson ring oath Co. | | | | | |

Forms provided by Texas Ethics Commission

Version V1.0.277

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

1 of 1

| | | | | | | 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 pa | CEF | OFFICE USE ONLY 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: 2017-158055 | | | |
| | ROMCO Equipment | | | | | | | |
| | Round Rock, TX United States | • • | | | | Date Filed: | | |
| 2 | ame of governmental entity or state agency that is a party to the contract for which the form is | | | | 01/25/2017 | | | |
| 2 | being filed. | | | | | | | |
| | y of Killeen | | | | Date Acknowledged: 04/12/2017 | | | |
| 3 | Provide the identification number used by the governme description of the services, goods, or other property to | nmental entity or state agency to track or identify the contract, and provide a | | | | | | |
| | TBD | | | | | | | |
| | Lease for excavator and wheel loader | | | | | | | |
| | | | | | | | | |
| 4 | | | | Nature of interest | | | | |
| · | Name of Interested Party | Name of Interested Party City, State, Country (place of busin | | ate, Country (place of business) | | (check applicable) | | |
| | | | | | Controlling | Intermediary | | |
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| 5 | Check only if there is NO Interested Party. | | | | | | | |
| - | X | | | | | | | |
| 6 | AFFIDAVIT | swear, or | affirm, under penalty of perjury, that the | e above | disclosure is true | e and correct. | | |
| | | | | | | | | |
| | | | | | | | | |
| | | Signature of authorized agent of contracting business entity | | | | | | |
| | | Signature of automized agont of contracting business entry | | | | | | |
| | AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | |
| | Sworn to and subscribed before me, by the said | | , this the | | dav of | _ | | |
| | 20, to certify which, witness my hand and seal of c | | | | | | | |
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| | | | | | | | | |
| | | | | | | | | |
| | Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath | | | | | | | |