## **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				
of husinoss			Certificate Number:			
Axon Enterprise, Inc.		2017-227128	017-227128			
Scottsdale, AZ United States		Date Filed:	ate Filed.			
		06/21/2017				
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.		00/21/2017				
Killeen Police Department		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.  Q-114367  TASER CEW's						
		Nature of interest				
4 Name of Interested Party	City, State, Country (place of busine		(check applicable)			
		Controlling	Intermediary			
Taylor, Bret	Scottsdale, AZ United States	Х				
Partovi, Hadi	Scottsdale, AZ United States	х				
Martz , Judy	Scottsdale, AZ United States	х				
Kroll, Mark	Scottsdale, AZ United States	Х				
Carmona, Richard	Scottsdale, AZ United States	х				
McBrady, Matthew	Scottsdale, AZ United States	х				
Garnreiter, Michael	Scottsdale, AZ United States	Х				
Smith, Patrick	Scottsdale, AZ United States	х				
5 Check only if there is NO Interested Party.						
6 AFFIDAVIT I swear, or	affirm, under penalty of periury, that the	above disclosure is true	e and correct			
ALISSA MCBOWELL Notary Public, State of Arizona Maricopa County My Commission Expires September 15-20  I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.  Signature of authorized agent of contracting business entity						
AFFIX NOTARY STAMP / SEAL ABOVE						
Sworn to and subscribed before me, by the said Robert Driscoll , this the 21st day of June , 20_17_, to certify which, witness my hand and seal of office.						
Signature of officer administering oath  Alissa McDowell Sr. Contracts Mgs.  Printed name of officer administering oath  Title of officer administering oath						

## **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 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:		
	Axon Enterprise, Inc.	2017-227128			
	Scottsdale, AZ United States		Date Filed:		
2	2 Name of governmental entity or state agency that is a party to the contract for which the form is		06/21/2017		
	being filed. Killeen Police Department		Date Acknowledged: 08/15/2017		
3	Provide the identification number used by the governmental en description of the services, goods, or other property to be prov		the contract, and pro	ovide a	
	Q-114367				
	TASER CEW's				
		T	Nature of interest		
4	Name of Interested Party	City, State, Country (place of busin			
	•		Controlling	Intermediary	
Т	aylor, Bret	Scottsdale, AZ United States	X		
Р	artovi, Hadi	Scottsdale, AZ United States	X		
V	artz , Judy	Scottsdale, AZ United States	X		
K	roll, Mark	Scottsdale, AZ United States	Х		
С	armona, Richard	Scottsdale, AZ United States	Х		
V	cBrady, Matthew	Scottsdale, AZ United States	Х		
G	arnreiter, Michael	Scottsdale, AZ United States	Х		
S	mith, Patrick	Scottsdale, AZ United States	Х		
5	Check only if there is NO Interested Party.				
6	AFFIDAVIT I swear, or affirm, under penalty of perjury, that the above disclosure is true and con				
		Signature of authorized agent of con	tracting business entity	,	
	AFFIX NOTARY STAMP / SEAL ABOVE				
	Sworn to and subscribed before me, by the said	, this the	day of	,	
	20, to certify which, witness my hand and seal of office.				
	Signature of officer administering oath Printed name of	f officer administering oath	Fitle of officer administe	ring oath	