CERTIFICATE OF INTERESTED PARTIES

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

Certificate Number:
2017-278513

Date Filed:
10/31/2017

Date Acknowledged:

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
G T DISTRIBUTORS, INC.
AUSTIN, TX 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

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.
524-17
BUYBOARD CONTRACT FOR PUBLIC SAFETY AND FIREHOUSE SUPPLIES AND EQUIPMENT

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

CAROL A. STAFFORD
My Notary ID # 12195368
Expires December 18, 2020

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said ALEXIS M HOSTETTER, this the 31ST day of OCTOBER, 20 17, to certify which, witness my hand and seal of office.

Carol A. Stafford — Signature of officer administering oath
Carol A Stafford — Printed name of officer administering oath
Accounting — Title of officer administering oath

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Certificate Number:
2017-278513

Date Filed:
10/31/2017

Date Acknowledged:
12/14/2017

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G T DISTRIBUTORS, INC.
AUSTIN, TX United States

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4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
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5 Check only if there is NO Interested Party. [X]

6 AFFIDAVIT

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 _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

_____ _____ _____
Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath