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CERTIFICATE OF INTERESTI	ED PAR	TIES		FOR	м 1295		
					1 of 1		
Complete Nos. 1 - 4 and 6 if there are interested partie	es.	· ·		OFFICE USE ONLY RTIFICATION OF FILING ficate Number: 1-797862 Filed: 1/2021 Acknowledged:			
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.						
Name of business entity filing form, and the city, state and country of the business entity's place of business.				021-797862			
G T DISTRIBUTORS, INC. AUSTIN, TX United States	1			Date Filed:			
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			09/0	1/2021			
CITY OF KILLEEN			Date	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. 2021-08-31 Ammunition							
Name of Interested Party City, State, Country (place of bu			siness)		f interest		
		City, State, Country (place of business) (check application of the controlling interview of the control					
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5 Check only if there is NO Interested Party.	3						
6 UNSWORN DECLARATION	2000 A 190	2					
My name is DAVID CURTIS	An	, and my date	of birth i	s_03/11/1983	·		
My address is 2545 BROCKTON DR., STE		AUSTIN	тх	78758	USA		
(street)		(city)	(state)	(zip code)	(country)		
I declare under penalty of perjury that the foregoing is	true and correc	ct.					
Executed in TRAVIS	Count	y, State of TEXAS	he <u>31st</u>	day of AUGUS	ST _{, 20} 21		
		~ 100		(month)	(year)		
	73	/ Ct	~				
		Signatore of authorized agent of (Declarant)	contractin	g business entity			
Forms provided by Texas Ethics Commission	www.et	hics.state.tx.us		Version	V1.1,191b5cd		

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CERTIFICATE OF INTERESTED PARTIES

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 the business entity's place of business.				Certificate Number: 2021-797862						
	G T DISTRIBUTORS, INC.			2021-7	91802						
	AUSTIN, TX United States			Date Fi	led:						
2	Name of governmental entity or state agency that is a party to the	e contract for which the		09/01/2							
2	being filed.	5 101111 15	2010112								
	CITY OF KILLEEN			Date Ac 10/27/2	knowledged:						
3		ion number used by the governmental entity or state agency to track or identify the contract, and provide a /ices, goods, or other property to be provided under the contract.									
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4	Name of Interested Party	City, State, Country (r	lace of busing	sec)	(check ap						
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5	Check only if there is NO Interested Party.										
6	UNSWORN DECLARATION										
	My name is	, a	ind my date of b	oirth is _		·					
	My address is	,		,		,					
	(street)	(city)		ate)	(zip code)	(country)					
	I declare under penalty of perjury that the foregoing is true and correc	t.									
	Executed inCounty	 State of 	on the	day	/ of	20					
		y, State OI	, on the _	ua	(month)	, 20 (year)					
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		Oliveration of the state	d and to t								
	Signature of authorized agent of contracting business entity (Declarant)										
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CERTIFICATE OF INTERESTED PARTIES

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FORM	1295

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Γ	Complete Nos, 1 - 4 and 6 if there are interested parties.					OFFICE U	
L	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested p	_			CE	RTIFICATIO	ON OF FILING
1	Name of business entity filing form, and the city, state of business.	the city, state and country of the business entity's place				tificate Number 1-800175	r:
	G T DISTRIBUTORS, INC.				202	1-000175	
	AUSTIN, TX United States					Filed:	
2	Name of governmental entity or state agency that is a pleasing filed.	party to 1	the contract for whic	h the form is	109/0	9/2021	
	CITY OF KILLEEN				Date	Acknowledge	d:
3	Provide the identification number used by the governm description of the services, goods, or other property to	iental en	tity or state agency t	to track or identify	the c	ontract, and p	rovide a
	2021-09-01	be prov		Rota			
	Clothing/Gear	-0					
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4	Name of Interested Party City, State, Country (place		ry (place of busin	ess)	Nature of interest (check applicable)		
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5	Check only if there is NO Interested Party.						
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	My name is DAVID CURTIS			, and my date of b	irth is	03/11/1983	• · · ·
	My address is 2545 BROCKTON DR., STE. 100	3	AUSTIN	ТХ		78758	USA
1	(street)		, <u></u>	, <u></u> (sta		(zip code)	and another alline designed and the
	louosy		(ory)	(əra	10)	(zih code)	(country)
	I declare under penalty of perjury that the foregoing is true ar	nd correc	t.				
	Executed in TRAVIS	Court		S on the <u>1st_</u> day of September, 20_21			
	Executed III	County, State of on the		, on the	<u>1st</u> day of <u>September</u> , 20 <u>21</u> . (month) (year)		
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		1	10	~	10 MHz 40		
	-	Signature of authorized agent of contra			acting	business entity	
1.00	ns provided by Texas Ethics Commission	AGADAL OAL	ice state by us	(Declarant)		Marria	V4 1 10458-2
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CERTIFICATE OF INTERESTED PARTIES

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.	CE	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: 2021-800175				
Í	G T DISTRIBUTORS, INC.			2 300110				
	AUSTIN, TX United States		Date	Filed:				
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	09/0	9/2021				
	being filed.			Acknowledged:				
	CITY OF KILLEEN	TY OF KILLEEN						
				10/27/2021				
3	description of the services, goods, or other property to be provid	cation number used by the governmental entity or state agency to track or identify the contract, and provide a ervices, goods, or other property to be provided under the contract.						
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4	Name of Interested Party	City, State, Country (place of busin	(check applicable)					
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5	Check only if there is NO Interested Party.							
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6	UNSWORN DECLARATION							
	My name is	, and my date of	birth is	6				
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	I declare under penalty of perjury that the foregoing is true and correct	t.						
	Executed inCounty	/, State of, on the	0	day of	_, 20			
				(month)	(year)			
	Signature of authorized agent of contracting business entity							
	(Declarant)							