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L					1 of 1		
Γ	Complete Nos. 1 - 4 and 6 if there are interested parties.		OFFICE USE ONLY				
L	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			CERTIFICATION OF FILING			
1	Name of business entity filing form, and the city, state and country of the business entity's place of business.			ficate Number: L-811948			
	Bound Tree Medical, LLC						
2	Dublin, OH United States				Date Filed: 10/12/2021		
ľ	being filed.	ne of governmental entity or state agency that is a party to the contract for which the form is ng filed.			10/12/2021		
	Killeen Fire Department	Date Acknowledged:					
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	ity or state agency to track or in ded under the contract.	dentify the c	ontract, and pro	vide a		
	610-20						
	Medical Supplies						
4					of interest		
	Name of Interested Party	City, State, Country (place of	Dusiness)	(check a Controlling	pplicable)		
F				Controlling	Internetiary		
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┝							
					1		
5	Check only if there is NO Interested Party.						
Ĺ	X						
6	UNSWORN DECLARATION						
	My name is Jon McGrew	, and my c	late of birth is	s9/25/1979	¥		
	My address is 5000 Tuttle Crossing Blvd	Dublin	Ohio	43016	USA		
	(street)	(city)	(state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	ct.					
	Executed in Franklin Count	y, State of <u>Ohio</u> , o	on the <u>12th</u>	day of <u>October</u>	, 2021		
		٨		(month)			
		mm		(F			
	and the second second	Signature of authorized agent (Declaran	of contractin	g business entity			

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FORM 1295

1 of 1

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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	ame of business entity filing form, and the city, state and country of the business entity's place f business.			Certificate Number: 2021-811948			
	Bound Tree Medical, LLC			0110-0			
	Dublin, OH United States		Date	Filed:			
2	Name of governmental entity or state agency that is a party to th	e contract for which the form is		2/2021			
[being filed.						
	Killeen Fire Department			Date Acknowledged: 11/15/2021			
3		tion number used by the governmental entity or state agency to track or identify the contract, and provide a vices, goods, or other property to be provided under the contract.					
	610-20						
	Medical Supplies						
				Nisture - f	interest		
4	Nome of Interacts of Deuter	City State Country (along of hunder		Nature of			
	Name of Interested Party	City, State, Country (place of busines		(check ap			
				Controlling	Intermediary		
	5 Check only if there is NO Interested Party.						
6	UNSWORN DECLARATION						
	My name is	name is, and my date of birth is					
	My address is						
	My address is(street)	,, _,, _	tate)	(zip code)	(country)		
	(אוכבו)	(City) (S	ac)	(21p 0008)	(country)		
	I declare under penalty of perjury that the foregoing is true and correc	it.					
	Executed inCounty	v. State of on the	,	day of	. 20		
	COUN	, eate of, off the		(month)	, 20 (year)		
	Signature of authorized agent of contracting business entity						
	(Declarant)						

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 parti	ies.				FFICE USE	ONLY OF FILING		
 1 Name of business entity filing form, and the city, state and country of the business entity's place of business. Henry Schein Medical Friendswood, TX United States 				Certificate Number: 2021-810837 Date Filed:				
2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.			10/08/2021 Date Acknowledged:					
 3 Provide the identification number used by the government description of the services, goods, or other property to b 610-20 Medical supplies and equipment 	tal entity be provid	or state agency to track or id led under the contract.	lentify the	e contra	ct, and provic	le a		
4 Name of Interested Party		City, State, Country (place o	of busine	iness) Nature of interest (check applicable) Controlling Intermediar				
Bell, Kim		Killeen, TX United States			•	Х		
5 Check only if there is NO Interested Party.	5 Check only if there is NO Interested Party.							
6 UNSWORN DECLARATION								
My name is Joe Jefferies	My name is Joe Jefferies, and my date of birth is 4-17-65							
My address is 2907 Palmer Drive Friendswood Texas 77546 (street)	<u> </u>	, (city)	,(sta	,,	(zip code)	, (country)		
I declare under penalty of perjury that the foregoing is true an	d correct							
Executed in Galveston	_County	/, State of Texas	, on the 1	9 <u></u> day	of(month)			
Jurh & Jeffun								
Signature of authorized agent of contracting business entity (Declarant)								

Forms provided by Texas Ethics Commission

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FORM 1295

1 of 1

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	Complete Nos. 1 - 4 and 6 if there are interested parties.			OFFICE USE	ONLY	
	Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			RTIFICATION	OF FILING	
1	Name of business entity filing form, and the city, state and coun of business.	ousiness entity filing form, and the city, state and country of the business entity's place				
	Henry Schein Medical					
	Friendswood, TX United States			Filed:		
2	Name of governmental entity or state agency that is a party to the	ne contract for which the form is	10/0	10/08/2021		
	being filed. City of Killoon ED			Date Acknowledged:		
	City of Killeen FD			11/15/2021		
_	Provide the identification number used by the governmental ent	tion number used by the governmental entity or state agency to track or identify the contract, and provide a				
3	description of the services, goods, or other property to be provi		nury the c	contract, and pro	viue a	
	610-20 Medical supplies and equipment					
	medical supplies and equipment					
4				Nature o	finterest	
*	Name of Interested Party	City, State, Country (place of b	usiness)		oplicable)	
				Controlling	Intermediary	
Be	ell, Kim	Killeen, TX United States			х	
-						
		1		I.		
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is, and my date of birth is					
	My address is(street)	,,, (city)	, (state)	(zip code)	_, (country)	
	I declare under penalty of perjury that the foregoing is true and corre	ct.				
	Executed inCount	ty, State of, on	the		, 20	
				(month)	(year)	
		Ciencture of outboursed and the	00000			
	Signature of authorized agent of contracting business entity (Declarant)					