

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

Certificate Number:
2023-1050743

Date Filed:
07/25/2023

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
PFLUGERVILLE, 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 Round Rock, TX

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.

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PURCHASE OF PUBLIC SAFETY SUPPLIES AND EQUIPMENT AND FOR RELATED GOODS AND SERVICES.

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.



6 UNSWORN DECLARATION

My name is DAVID CURTIS, and my date of birth is [REDACTED].

My address is 1124 NEW MEISTER LN. STE. 100, PFLUGERVILLE, TX, 78660, USA.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in TRAVIS County, State of TEXAS, on the 25th day of JULY, 2023.
(month) (year)


Signature of authorized agent of contracting business entity
(Declarant)

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G T DISTRIBUTORS, INC
PFLUGERVILLE, TX United States

Certificate Number:

2023-1050743

Date Filed:

07/25/2023

Date Acknowledged:

08/22/2023

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

City of Round Rock, TX

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PURCHASE OF PUBLIC SAFETY SUPPLIES AND EQUIPMENT AND FOR RELATED GOODS AND SERVICES.

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.**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 correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20____.
(month) (year)_____
Signature of authorized agent of contracting business entity
(Declarant)