

# 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

**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

Certificate Number:  
2026-1461588

Date Filed:  
05/13/2026

**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

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.**

798-26  
PUBLIC SAFETY SUPPLY AND EQUIPMENT

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary
ORR, JR., WILLIAM J.	PFLUGERVILLE, TX United States	X	

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.  
(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 13TH day of MAY, 2026.  
(month) (year)

  
Signature of authorized agent of contracting business entity  
(Declarant)

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			Controlling	Intermediary
	ORR, JR., WILLIAM J.	PFLUGERVILLE, TX United States	X	

**5 Check only if there is NO Interested Party.**

**6 UNSWORN DECLARATION**

My name is \_\_\_\_\_, and my date of birth is \_\_\_\_\_.

My address is \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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)