

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.

AUSTIN ARMATURE WORKS, LP
Buda, TX United States

Certificate Number:
2025-1356500

Date Filed:
08/28/2025

Date Acknowledged:

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

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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Water and Wastewater Pumps, Motors supply and Repair

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Kramer, Jay	Buda, TX United States	X	
	Kramer, Julius	Buda, TX United States	X	
	Tischler, Clayton	Buda, TX United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Clayton Tischler, and my date of birth is .

My address is 617 Rebecca Lane, Bastrop, TX, 78602, USA.
(city) (state) (zip code) (country)

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

Executed in Hays County, State of TX, on the 28 day of August, 2025.
(month) (year)

Clayton Tischler

Signature of authorized agent of contracting business entity
(Declarant)

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			Controlling	Intermediary
	Kramer, Jay	Buda, TX United States	X	
	Kramer, Julius	Buda, TX United States	X	
	Tischler, Clayton	Buda, 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)