

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.

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.
Flock Safety
Atlanta, GA 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

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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License Plate readers

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2025-1307323

Date Filed:
05/09/2025

Date Acknowledged:

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Langley, Garrett	Atlanta, GA United States	X	
	Fuery, Matt	Atlanta, GA United States	X	
	Ceran, Jennifer	San Francisco, CA United States	X	
	Clayton, Alex	San Francisco, CA United States	X	
	Herendeen, Julie	San Francisco, CA United States	X	
	Ulevitch, David	New York, NY United States	X	
	Sukhar, Ilya	San Francisco, CA United States	X	

5 Check only if there is NO Interested Party.

☐

6 UNSWORN DECLARATION

My name is Mark Smith, and my date of birth is [REDACTED]

My address is 226 Sterling Avenue, Pacifica, CA 94044, USA

(street)(city)(state)(zip code)(country)

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

Executed in San Mateo County, State of California, on the 9th day of May, 2025

(month)(year)

Signed by:

Mark Smith

AC5C931454C24E3

Signature of authorized agent of contracting business entity (Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

Version V4.1.0.e02d6221

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	Herendeen, Julie	San Francisco, CA United States	X	
	Ulevitch, David	New York, NY United States	X	
	Sukhar, Ilya	San Francisco, CA 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 _____, _____, _____, _____, _____.
(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)