

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.  
OverDrive, Inc.  
Cleveland, OH United States

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

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.  
  
00000  
Digital Library Services

OFFICE USE ONLY  
CERTIFICATION OF FILING

Certificate Number:  
2025-1396090

Date Filed:  
12/04/2025

Date Acknowledged:

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 Erica Lazzaro, and my date of birth is [REDACTED]

My address is One OverDrive Way, Cleveland, OH, 44125, USA  
(city)(state)(zip code)(country)

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

Executed in Cuyahoga County, State of Ohio, on the 4 day of December, 2025  
(month)(year)

DocuSigned by:  
Erica Lazzaro  
5D1C276DAF07A18D

Signature of authorized agent of contracting business entity  
(Declarant)

Forms provided by Texas Ethics Commission

www.ethics.state.tx.us

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			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 \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_.  
(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)