

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:
2018-407871

Date Filed:
09/25/2018

Date Acknowledged:

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

Scott & White Clinic
Temple, 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.

Williamson County, Texas

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.

Williamson County
EMS Medical Director Services

4	Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
			Controlling	Intermediary
	Bittenbinder, Timothy	Temple, TX United States	X	
	Watson, Robin	Temple, TX United States	X	
	Bird, Erin	Temple, TX United States	X	
	Montgomery, Mark	Temple, TX United States	X	
	Beeram, Madhava	Temple, TX United States	X	
	Caldera, Angel	Temple, TX United States	X	
	McNeal, Tresa	Temple, TX United States	X	
	Reis, Mike	Temple, TX United States	X	

5 Check only if there is NO Interested Party. ☐

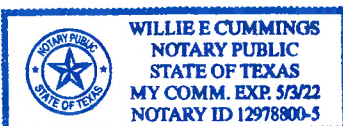
6 UNSWORN DECLARATION

My name is John P. Cunningham, and my date of birth is 10/13/1950.

My address is 2401 S. 31st Street, Temple, TX, 76508, USA.
(street) (city) (state) (zip code) (country)

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

Executed in Bell County, State of Texas, on the 25th day of Sept, 2018.
(month) (year)



[Signature]
Signature of authorized agent of contracting business entity
(Declarant)