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: 2025-1278840 Date Filed:				
2	me of governmental entity or state agency that is a party to the contract for which the form is ing filed. ILLIAMSON COUNTY			03/07/2025 Date Acknowledged:				
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided 2025173 AMMO FOR SHERIFF'S OFFICE	ty or state agency to track or identify ded under the contract.	the co					
4	Name of Interested Party	City, State, Country (place of busin	Nature of interest (check applicable) Controlling Intermediary					
OI	RR, JR, WILLIAM J	PFLUGERVILLE, TX United Sta	tes	X	memediary			
5	Check only if there is NO Interested Party.							
6	name is, and my date of birth is							
	My address is				USA			
	(street)		tate)	(zip code)	(country)			
	I declare under penalty of perjury that the foregoing is true and correct Executed in TRAVISCounty		07	day of MARCI (month)	H_, _{20_} 25 (year)			
	Signature of authorized agent of contracting business entity (Declarant)							

CERTIFICATE OF INTERESTED PARTIES

FORM **1295**

1 of 1

					1011			
	omplete Nos. 1 - 4 and 6 if there are interested parties. omplete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.			OFFICE USE ONLY CERTIFICATION OF FILING				
1	ame of business entity filing form, and the city, state and country of the business entity's place business.			Certificate Number:				
	G T DISTRIBUTORS, INC.	2025	2025-1278840					
	PFLUGERVILLE, TX United States	Date	Date Filed:					
2	lame of governmental entity or state agency that is a party to the contract for which the form is			03/07/2025				
	being filed.							
	WILLIAMSON COUNTY	ON COUNTY			Date Acknowledged: 03/11/2025			
3	rovide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a escription of the services, goods, or other property to be provided under the contract.							
	2025173							
	AMMO FOR SHERIFF'S OFFICE							
4				Nature of interest				
· T	Name of Interested Party	City, State, Country (place of busine						
				Controlling	Intermediary			
OI	RR, JR, WILLIAM J	PFLUGERVILLE, TX United States		Х				
5	Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION							
	My name is	, and my date of b						
	My address is		,		,			
	(street)		(state)	(zip code)	(country)			
I declare under penalty of perjury that the foregoing is true and correct.								
	Executed inCounty	y, State of, on the	e	day of	, 20			
				(month)	(year)			
		Signature of authorized agent of co	ntractin	a business entity				
(Declarant)								