## **CERTIFICATE OF INTERESTED PARTIES**

FORM **1295** 

	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.			Certificate Number:		
	G T DISTRIBUTORS, INC.			2018-420925		
2	Austin, TX United States  Name of governmental entity or state agency that is a party to the contract for which the form is			Date Filed: 10/31/2018		
2	peing filed.					
	COLLIN COUNTY			Date Acknowledged:		
3	Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a lescription of the services, goods, or other property to be provided under the contract.					
	2018-036					
	FIREARMS, AMMUNITION AND ACCESSORIES					
4	Nature of interest					
	Name of Interested Party	City, State, Country (place of business)		(check ap	plicable) Intermediary	
				Controlling	intermediary	
		-				
			$\dashv$			
			L			
5	Check only if there is NO Interested Party.					
	UNSWORN DECLARATION					
	name is DAVID CURTIS, and my date of birth is					
My address is						
	(street)	(city) (star	te)	(zip code)	(country)	
I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in TRAVIS County,	State of TEXAS , on the 3	J1st <sub>d</sub>	ay of OCT	<sub>20</sub> 18	
	oun,	1		(month)	(year)	
		Signature of authorized agent of contracting business entity				
	/	(Declarant)				