

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.

Barcelona Sporting Goods
PLANO, TX United States

Certificate Number:
2017-180121

Date Filed:
03/20/2017

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

City of Fort Worth

Date Acknowledged:

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.

17-0225

Athletic PE, Gym Supplies and Exercise Equipment.

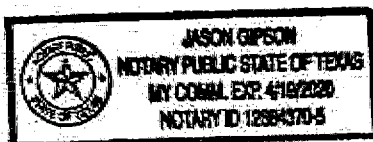
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Pessey Lipsey 20th this the March day of 2017
20 / 17 , to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jason Gipson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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:
2017-178202

Date Filed:
03/14/2017

Date Acknowledged:

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

Skillastics
Corona, CA 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 Fort Worth

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.

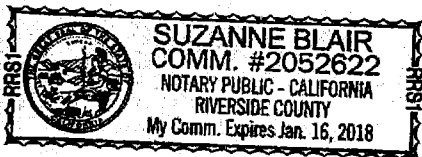
17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

[Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said SANDY SLADE, this the 14TH day of MARCH, 20 17, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

SUZANNE BLAIR
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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:
2017-171634

Date Filed:
02/24/2017

Date Acknowledged:

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

T-Shirt Gallery and Sports
Corpus Christi, 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.

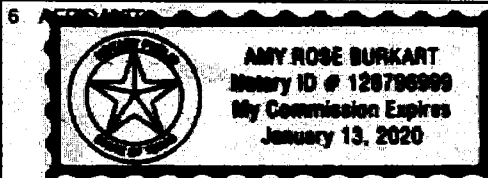
The City of Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment.

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | valandvalinc | Corpus Christi, TX United States | X | |
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5 Check only if there is NO Interested Party. ☐



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Andrea M Valenti

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Andrea M Valenti, this the 28 day of FEB., 20 17, to certify which, witness my hand and seal of office.

Amy Rose Burkart
Signature of officer administering oath

Amy Rose Burkart
Printed name of officer administering oath

book keeper
Title of officer administering oath

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.

Sparks-Anderson, Inc. dba Diamond Fitness/Medical Industries
Benbrook, TX United States

Certificate Number:
2017-177987

Date Filed:
03/13/2017

Date Acknowledged:

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

City of Fort Worth

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.

17-0225

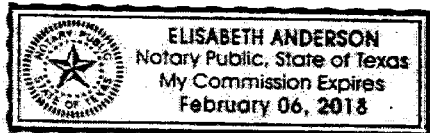
Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | | Controlling | Intermediary |
| | Sparks, Patrick | Weatherford, TX United States | X | |
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5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said President P. D. H. M. I. this the 13th day of March
20 17 to certify which, witness my hand and seal of office.

[Signature]

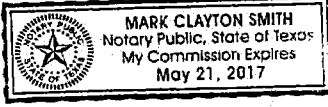
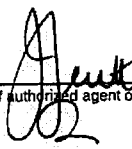

Signature of officer administering oath

Elisabeth Anderson

Printed name of officer administering oath

Notary

Title of officer administering oath

| CERTIFICATE OF INTERESTED PARTIES | | FORM 1295 <small>1 of 1</small> | | | | | | | | | | | | | | | | | | | | | |
|--|--|---|--|-------------|--------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 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. Comm-Fit Addison, TX United States | Certificate Number: 2017-171341 Date Filed: 02/24/2017 Date Acknowledged: | | | | | | | | | | | | | | | | | | | | | | |
| 2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. City of Fort Worth | | | | | | | | | | | | | | | | | | | | | | | |
| 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. 17-0225 17-0225, Athletic, PE, Gym Supplies and Exercise Equipment. | | | | | | | | | | | | | | | | | | | | | | | |
| 4 Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 50%; text-align: center;">Controlling</th> <th style="width: 50%; text-align: center;">Intermediary</th> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table> | | Controlling | Intermediary | | | | | | | | | | | | | | | | | | |
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| 5 Check only if there is NO Interested Party. <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 6 AFFIDAVIT | | | | | | | | | | | | | | | | | | | | | | | |
| I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct. | | | | | | | | | | | | | | | | | | | | | | | |
|  | |  Signature of authorized agent of contracting business entity | | | | | | | | | | | | | | | | | | | | | |
| AFFIX NOTARY STAMP / SEAL ABOVE | | | | | | | | | | | | | | | | | | | | | | | |
| Sworn to and subscribed before me, by the said <u>Jeff Levi</u> , this the <u>27</u> day of <u>February</u> , 20 <u>17</u> , to certify which, witness my hand and seal of office. | | | | | | | | | | | | | | | | | | | | | | | |
|  Signature of officer administering oath | <u>Mark Smith</u> Printed name of officer administering oath | <u>Notary Republic</u> Title of officer administering oath | | | | | | | | | | | | | | | | | | | | | |

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:
2017-176808

Date Filed:
03/09/2017

Date Acknowledged:

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

Nevco, Inc.
Greenville, IL 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 Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

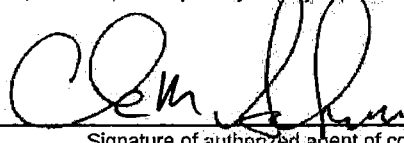
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Nevco, Inc. | Greenville, IL United States | X | |
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5 Check only if there is NO Interested Party. ☐

6 AFFIDAVIT

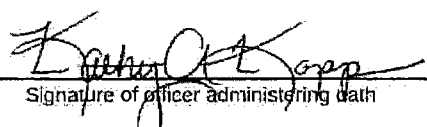
I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.




Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Chad M Schrarre, this the 9 day of March, 20 17, to certify which, witness my hand and seal of office.

 Printed name of officer administering oath Kathy A Kapp Title of officer administering oath Accounting Coordinator

1 of 1

Version V1.0.277

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.

US GAMES
Dallas, TX United States

Certificate Number:
2017-176595

Date Filed:
03/09/2017

Date Acknowledged:

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

City of Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

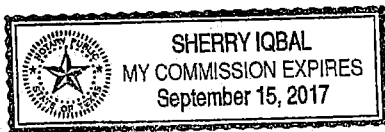
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Chris Bloomfield
Signature of authorized agent of contracting business entity

CHRIS BLOOMFIELD
BID DIRECTOR

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CHRIS BLOOMFIELD, this the 9TH day of MARCH, 20 17, to certify which, witness my hand and seal of office.

Sherry Iqbal
Signature of officer administering oath

SHERRY IQBAL
Printed name of officer administering oath

Notary
Title of officer administering oath

1 of 1

Version V1.0.277

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:
2017-175558

Date Filed:
03/07/2017

Date Acknowledged:

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

School Specialty, Inc.
Greenville, WI 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 Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Lu, Justin | Greenville, WI United States | X | |
| | Schultz, Andrew | Greenville, WI United States | X | |
| | Halas, Gus | Greenville, WI United States | X | |
| | Henderson, James | Greenville, WI United States | X | |
| | Yorio, Joseph | Greenville, WI United States | X | |
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5 Check only if there is NO Interested Party. ☐

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ANGELA L IVERSON
Notary Public
State of Wisconsin

Exp-1/21/20

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

David Frizke

Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said David Frizke, this the 7 day of March, 2017, to certify which, witness my hand and seal of office.

Angela L Iverson
Signature of officer administering oath

Angela L Iverson
Printed name of officer administering oath

Notary Public
Title of officer administering oath

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:
2017-175340

Date Filed:
03/07/2017

Date Acknowledged:

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

BLUE MOOSE APPAREL
Arlington, 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.

City of Fort Worth

- 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.

17-0225

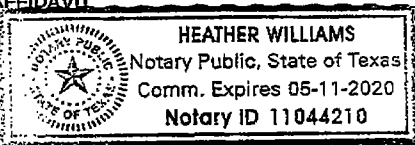
Athletic, PE, Gym Supplies and Exercise Equipment

[illegible]

- 5 Check only if there is NO Interested Party.



6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Monica Land, this the 9th day of March 2017, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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:
2017-175406

Date Filed:
03/07/2017

Date Acknowledged:

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

Fit Supply, LLC
Grand Prairie, 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.

City of Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

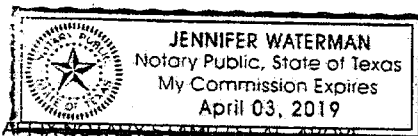
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Ryan Freeman, this the 7 day of March, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Jennifer Waterman
Printed name of officer administering oath

Notary
Title of officer administering oath

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:
2017-173430

Date Filed:
03/01/2017

Date Acknowledged:

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

Educator's Depot, Inc.
Sugar Land, 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.

City of Fort Worth

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.

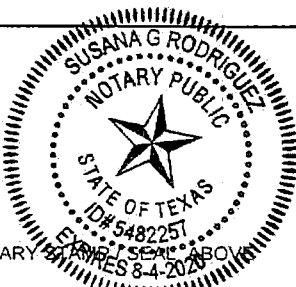
17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY SEAL ABOVE

Sworn to and subscribed before me, by the said Alan Clarke, this the 1st day of March, 2017, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Susana G. Rodriguez
Printed name of officer administering oath

Notary
Title of officer administering oath

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:
2017-173706

Date Filed:
03/02/2017

Date Acknowledged:

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

Daktronics, Inc.
Brookings, SD 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 Forth Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

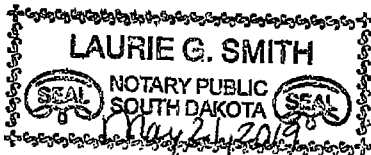
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



Brad Kitemann
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Brad Kitemann, this the 2 day of March, 2017, to certify which, witness my hand and seal of office.

Laurie Smith
Signature of officer administering oath

Laurie Smith
Printed name of officer administering oath

Admin. Supervisor
Title of officer administering oath

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:
2017-171411

Date Filed:
02/24/2017

Date Acknowledged:

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

Careys Sporting Goods
FORT WORTH, 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.

CITY OF FORT WORTH

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.

17-0225
ATHLETIC, P.E., GYM SUPPLIES AND EXERCISE EQUIPMENT

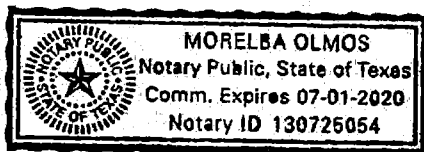
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



[Signature]
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said CAREY SPT. GDS., this the 28th day of Feb, 20 17, to certify which, witness my hand and seal of office.

[Signature]
Signature of officer administering oath

Morelba Olmos
Printed name of officer administering oath

Notary
Title of officer administering oath

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:
2017-171863

Date Filed:
02/27/2017

Date Acknowledged:

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

Lakeshore Equipment Company dba Lakeshore Learning Materials
Carson, CA 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 Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

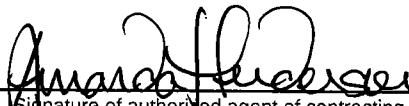
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
| | Kaplan , Michael | Carson, CA United States | X | |
| | Kaplan , Charles | Carson, CA United States | X | |
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5 Check only if there is NO Interested Party.

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6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

CALIFORNIA JURAT WITH AFFIANT STATEMENT

GOVERNMENT CODE § 8202

- ☒ See Attached Document (Notary to cross out lines 1-6 below)
☐ See Statement Below (Lines 1-6 to be completed only by document signer[s], *not* Notary)

1 _____
2 _____
3 _____
4 _____
5 _____
6 _____

Signature of Document Signer No. 1

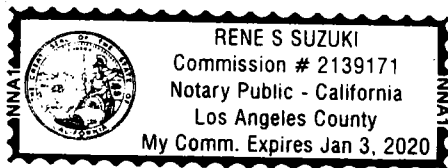
Signature of Document Signer No. 2 (if any)

A notary public or other officer completing this certificate verifies only the identity of the individual who signed the document to which this certificate is attached, and not the truthfulness, accuracy, or validity of that document.

State of California

County of Los Angeles

Subscribed and sworn to (or affirmed) before me

on this 27th day of February, 2017
by
Date Month Year(1) Amanda Henderson(and (2)),
Name(s) of Signer(s)proved to me on the basis of satisfactory evidence
to be the person(s) who appeared before me.Signature
Signature of Notary Public

Seal
Place Notary Seal Above

OPTIONAL

Though this section is optional, completing this information can deter alteration of the document or fraudulent reattachment of this form to an unintended document.

Description of Attached Document

Title or Type of Document: _____ Document Date: _____

Number of Pages: _____ Signer(s) Other Than Named Above: _____

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.

Clarke Distributing Company
Houston, TX United States

Certificate Number:
2017-171593

Date Filed:
02/24/2017

Date Acknowledged:

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

City of Fort Worth

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.

17-0225

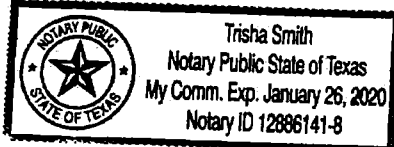
17-0225 Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|---------------------------------------|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT



I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

Don Clarke

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Don Clarke, this the 24 day of Feb, 20 17, to certify which, witness my hand and seal of office.

Trisha Smith
Signature of officer administering oath

Trisha Smith
Printed name of officer administering oath

Notary
Title of officer administering oath

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:
2017-172127

Date Filed:
02/27/2017

Date Acknowledged:

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

Haldeman-Homme, Inc. dba Academic Specialties
Irving, 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.

City of Fort Worth

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.

17-0225, Athletic, PE, Gym Sup
Athletic Equipment & Telescoping Bleacher- Sales, Installation & Service

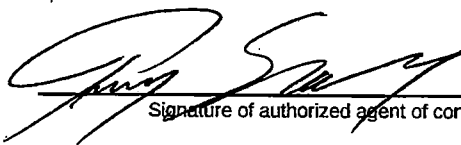
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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5 Check only if there is NO Interested Party.



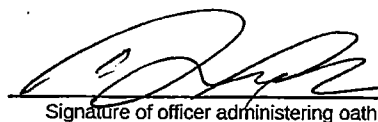
6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

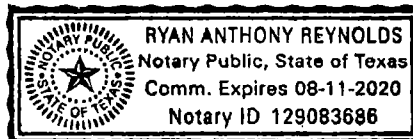

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Ryan Schaefer, this the 27th day of February, 2017, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Printed name of officer administering oath



Title of officer administering oath

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.

GOPHER SPORT
Owatonna, MN United States

Certificate Number:
2017-171428

Date Filed:
02/24/2017

Date Acknowledged:

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

City of Fort Worth

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.

17-0225
Physical Education Equipment and Athletic Supplies

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

Trent Spatenka
Signature of authorized agent of contracting business entity

Sworn to and subscribed before me, by the said Trent Spatenka, this the 24 day of February, 2017, to certify which, witness my hand and seal of office.

Michele A. Skala Michele A. Skala Sales Adm. Mgr
Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath

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:
2017-171568

Date Filed:
02/24/2017

Date Acknowledged:

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

Flaghouse Inc
Hasbrouck Heights, NJ United States

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

The City of Fort Worth

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.

17-0225
Athletic, PE, Gym supplies and Exercise Equipment

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. AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.

DIANA K TROLLER

NOTARY PUBLIC

STATE OF NEW JERSEY

ID # 2393588

MY COMMISSION EXPIRES FEB. 23, 2020

Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said FLAGHOUSE Agent, this the 24th day of February, 20 17, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

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:
2017-171305

Date Filed:
02/24/2017

Date Acknowledged:

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

BSN Sports LLC
Dallas, 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.

City of Fort Worth

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.

17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

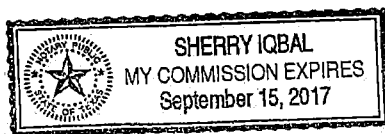
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



AFFIX NOTARY STAMP / SEAL ABOVE

John Stafford
Signature of authorized agent of contracting business entity

JOHN STAFFORD
Bid Specialist

jstafford@bsnsports.com

Sworn to and subscribed before me, by the said _____, this the 24 day of February, 2017, to certify which, witness my hand and seal of office.

Sherry Iqbal
Signature of officer administering oath

SHERRY IQBAL
Printed name of officer administering oath

NOTARY
Title of officer administering oath

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:
2017-171421

Date Filed:
02/24/2017

Date Acknowledged:

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

S&S Worldwide, Inc.
Colchester, CT 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 Fort Worth

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.

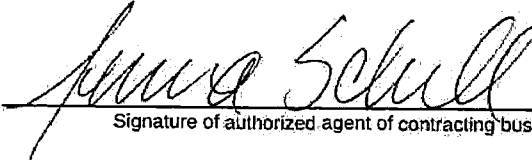
17-0225
Athletic, PE, Gym Supplies and Exercise Equipment

| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
|---|--------------------------|--|--|--------------|
| | | | Controlling | Intermediary |
| | Schwartz, Hy | Colchester, CT United States | X | |
| | Schwartz, Adam | Colchester, CT United States | X | |
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5 Check only if there is NO Interested Party. ☐

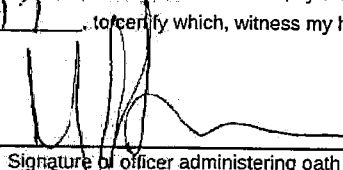
6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.


Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Anna Schall, this the 24 day of Feb,
2017, to certify which, witness my hand and seal of office.


Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

MONICA JOHANSSON
NOTARY PUBLIC - CONNECTICUT
MY COMMISSION EXPIRES
JUNE 30, 2021

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.

John F Clark Company Inc.
Dallas, TX United States

Certificate Number:
2017-171526

Date Filed:
02/24/2017

Date Acknowledged:

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

City of Fort Worth

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.

17-0225
Athletic Equipment

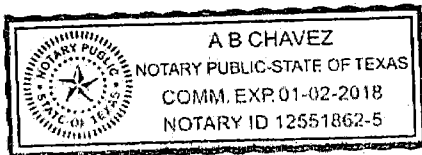
| 4 | Name of Interested Party | City, State, Country (place of business) | Nature of interest (check applicable) | |
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5 Check only if there is NO Interested Party.



6 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the above disclosure is true and correct.



JC Junker, President
Signature of authorized agent of contracting business entity

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Jennifer C Junker, President, this the 24th day of February, 2017, to certify which, witness my hand and seal of office.

AB Chavez

Signature of officer administering oath

AB Chavez

Printed name of officer administering oath

Title of officer administering oath