FORM 1295

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	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.	CEF	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.			ficate Number: 0-461263		
	Daktronics, Inc.	l				
	Brookings, SD United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the	e contract for which the form is	03/07/2019			
	being filed.		Data	Acknowledged:		
	City of Forth Worth		Date	. www.cayeu:		
	Provide the 1d of the 1d	hu au alata a mara a	41.	andre of the s	ida a	
3	Provide the identification number used by the governmental enti- description of the services, goods, or other property to be provided		tne co	ontract, and prov	ride a	
	583-19 Athletic, Physical Education, Gymnasium Supplies and Equip	ment and Heavy Duty Exercise Equ	ıipmer			
4		No. and Control of the Control of th		Nature of	Section Control of the Control of th	
1	Name of Interested Party	City, State, Country (place of busine	ess)	(check ap		
				Controlling	Intermediary	
	· · · · · · · · · · · · · · · · · · ·					
					×	
5	Check only if there is NO Interested Party.	*				
6	UNSWORN DECLARATION			97		
	My name is Lawren Cloud	, and my date of	birth is	; -		
	My address is	1.11.		(min	/20:::1-3	
	(street)	(city) (st	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Brooking S County	y, State of South Dakota on the	7.	day of March	2019	
,	A LOUIS TO TAKE TO THE TOTAL TOTAL TO THE TO	Ol	((month)	(year)	
-	THE STATE OF A TENED (I MIN)					
	EX SEAL SEAL	Signature of authorized agent of con	tracting	n business entity		
	(Declarant)					

Forms provided by Texas Ethics Commission Sciences 12/07/10/2001 o www.ethics.state.tx.us

Version V1.1.28ab6150

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.			Certificate Number: 2019-463021			
	BSN Sports LLC Dallas, TX United States		Date F	Filed:			
2	Name of governmental entity or state agency that is a party to the corbeing filed.	ntract for which the form is	03/13	/2019			
	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.						
	583-19 Athletic, Physical Education, Gymnasium Supplies and Equipment	t and Heavy Duty Exercise Equ	ipmen	t and Related A	Accessories		
4	Name of Interested Party City	y, State, Country (place of busine	Nature of interest ess) (check applicable)				
	walle of interested Facty	, otato, oount, place of each	-	Controlling	Intermediary		
•							
_							
		ALAPAN U.		,			

5	Check only if there is NO Interested Party.		'	•			
6	unsworn declaration Soun Stafford My name is				•		
	My name is ONN (41760)	, and my date of	birth is				
	My address is(stree	,	ate)	(zip code)	, <u>USA</u> . (country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in County, Sta	ate of, on the	<u>15 '</u> d	ay of Mard (month)	1_, 20 <u>19</u> . (year)		
		I Sufford					
	Signature of authorized agent of contracting business entity (Declarant)						

CERTIFICATE OF INTERESTED PARTIES FORM 1295 OFFICE USE ONLY 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. **CERTIFICATION OF FILING** Name of business entity filing form, and the city, state and country of the business entity's place Certificate Number: of business. 2019-463025 US GAMES Date Filed: Dallas, TX United States 03/13/2019 Name of governmental entity or state agency that is a party to the contract for which the form is being filed. Date Acknowledged: City of Fort Worth 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. Athletic, Physical Education, Gymnasium Supplies and Equipment and Heavy Duty Exercise Equipment and Related Accessories Nature of interest (check applicable) City, State, Country (place of business) Name of Interested Party Controlling Intermediary 5 Check only if there is NO Interested Party. 6 UNSWORN DECLARATION and my date of birth is My name is _ My address is _ (state) (zip code) I declare under penalty of perjury that the foregoing is true and correct. County, State of Executed in _

Signature of authobized agent of contracting business entity (Declarant)

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.			Certificate Number: 2019-463026			
	S&S Worldwide, Inc.		2019-403020				
	Colchester, CT United States		Date Filed:				
2	5	e contract for which the form is	03/13	3/2019			
	being filed. City of Fort Worth			Date Acknowledged:			
3	Provide the identification number used by the governmental entire description of the services, goods, or other property to be provided.	ty or state agency to track or identify led under the contract.	the co	ontract, and prov	/ide a		
	583-19 Buyboard Contract: Athletic, Physical Education, Gymnasium Related Accessories	Supplies and Equipment and Heav	y Dut	y Exercise Equi	pment and		
4	Treated 7 (300350) [CS			Nature of	f interest		
7	Name of Interested Party	City, State, Country (place of busine	ess)	(check applicable)			
			Controlling		Intermediary		
Sc	chwartz , Hy	Colchester, CT United States		Х			
Sc	chwartz , Adam	Colchester, CT United States		Х			
5 Check only if there is NO Interested Party.							
6	UNSWORN DECLARATION			_			
	My name is, and my date of birth is						
	My address is		(-1-)				
	(street)		tate)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.						
	Executed in All Anno County, State of C1, on the day of March, 20 19. (month) (year)						
	AUMU SCHULL						
	Signature of authorized agent of contracting business entity (Declarant)						

FORM 1295

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	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.				E ONLY		
1	Name of hydrogen authority of the state of t			CERTIFICATION OF FILING Certificate Number:			
	Fit Supply		2019-4	63314			
	Grand Prairie, TX United States		Data Fi	lod.			
2		he contract for which the form is	Date Fi 03/13/2				
	being filed.	The contract for Which the form is					
	City of Fort Worth		Date Ad	cknowledged:	•		
3	Provide the identification number used by the governmental ent description of the services, goods, or other property to be provi	tity or state agency to track or identify ided under the contract.	the con	tract, and pro	vide a		
	583-19						
	Fitness Equipment						
4				Nature o	f interest		
	Name of Interested Party	City, State, Country (place of busin	ess)	(check a	applicable)		
_				Controlling Intermed			
			_				
_			_				
			_				
5	Check only if there is NO Interested Party.		· · ·				
6 1	UNSWORN DECLARATION						
ı	My name is Ryan Areman	, and my date of b	oirth is				
,	My address is						
'	(Street)	(city) (sta	ite)	(zip code)	_· (country)		
	I declare under penalty of perjury that the foregoing is true and correct	t.					
ı	Executed in TarrantCounty	, State of Texas_, on the_	13 day 6	of March	1,2019		
		\cap		(month)	, <u></u> (year)		
		Jun 1					
		Signature of authorized agent of contr. (Declarant)	acting bu	siness entity			
_	(Decialant)						

FORM **1295**

of 1

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	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 of business.	business entity's place	Certificate Number:			
	Nevco Sports LLC		2019-463419			
	Greenville, IL United States		Date Filed:			
2	Name of governmental entity or state agency that is a party to the contra	ct for which the form is	03/13	3/2019		
	being filed.		Data	Acknowledged:		
	City of Fort Worth		Date	Acknowledged.		
3	Provide the identification number used by the governmental entity or sta description of the services, goods, or other property to be provided under	te agency to track or identify er the contract.	the co	ontract, and prov	ide a	
	Identification Number 583-19					
	Scoreboards for all sports, Message Centers, Video Displays, Scorer	Tables, Controls and Acces	ssorie	S		
_	1			Nature of	interest	
4	Name of Interested Party City, S	tate, Country (place of busin	ess) (check		applicable)	
				Controlling	Intermediary	
Γ						
		,				
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION					
	My name is Nicole Mc arievy	, and my date of	birth is			
	My address is	(city) (s	tate)	(zip code)	(country)	
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed inCounty, State	of Illinois, on the	13	day of Manh (month)	, 20 (year)	
	MinMoshing					
	Signature of authorized agent of contracting business entity (Declarant)					

FORM **1295**

1 of 1

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	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.		ficate Number: -462955			
	Comm-Fit LP					
	Addison, TX United States	Date Filed:				
2	Name of governmental entity or state agency that is a party to the contract for which the form is	03/12	2/2019			
	being filed.	Data	A almandada ad			
	City of Fort Worth	Date	Acknowledged:			
3	Provide the identification number used by the governmental entity or state agency to track or identified description of the services, goods, or other property to be provided under the contract.	y the co	ontract, and prov	ride a		
	BuyBoard Contract No. 583-19					
	Fitness Center Design, Equipment (including sports flooring & tvs), Installation, and Service					
4			Nature of			
7	Name of Interested Party City, State, Country (place of busing	ness)	(check applicable)			
			Controlling	Intermediary		
_						
5	Check only if there is NO Interested Party.					
6	UNSWORN DECLARATION		1 1			
	My name is, and my date o	f birth is	_			
	My address is			,		
	(street) (city)	state)	(zip code)	(country)		
	I declare under penalty of perjury that the foregoing is true and correct.					
	Executed in Dallas County, State of TRYAS, on the	25	day of March	1,2019.		
	(month) (year)					
	- Luck					
	Signature of authorized agent of co (Declarant)	ntracting	g business entity			