



**BL074-26 Purchase of Scott Self-Contained Breathing Apparatus (SCBA) Air Pack Replacements Page 7**

**CODE OF ETHICS AFFIDAVIT**

**PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE REQUIRED PRIOR TO EVALUATION.**

In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

- 1. Fisher Scientific Company L.L.C.  
Company Submitting Bid/Proposal

2. Please select one of the following:

- No information to disclose (complete only section 4 below)
- Disclosed information below (complete section 3 & section 4 below)

3. If additional space is required, please attach list:

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY: Karen Morton  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Karen Morton  
Printed Name of Authorized Officer or Agent  
Government Contracts Specialist  
Title of Authorized Officer or Agent of Contractor

31st day of March, 2026

Katherine A. Stanton  
Notary Public

Commonwealth of Pennsylvania - Notary Seal  
Katherine A. Stanton, Notary Public  
Butler County (seal)  
My commission expires November 11, 2028  
Commission number 1260145  
Member, Pennsylvania Association of Notaries

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcounty.com](http://www.gwinnettcounty.com)



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- 1. The Fairhaven Group, dba. American Safety and Firehouse, LLC  
Company Submitting Bid/Proposal

2. Please select one of the following:

- No information to disclose *(complete only section 4 below)*
- Disclosed information below *(complete section 3 & section 4 below)*


3. If additional space is required, please attach list:

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY:   
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

William White

14<sup>th</sup> day of April, 2024

Printed Name of Authorized Officer or Agent

President & CEO



Title of Authorized Officer or Agent of Contractor

Notary Public

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at [www.gwinnettcounty.com](http://www.gwinnettcounty.com)