

# Gwinnett

GWINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

Purchase of Syxsense Licenses on an Annual Contract

Page 7

BL 141-24

## CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH  
YOUR SUBMITTAL AND WILL BE 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 his/her 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. Kambrian Corporation

(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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

4.

BY:

Authorized Officer or Agent Signature

Henry Hsieh

Printed Name of Authorized Officer or Agent

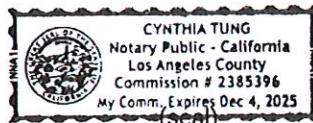
CFO

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

31 day of October, 2024

Notary Public



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)



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1. Syxsense Inc.  
(Company Submitting Bid/Proposal)

2. (Please check  one box below)

No information to disclose (complete only section 4 below)

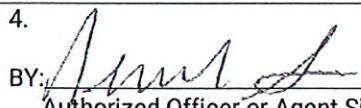
Disclosed information below (complete section 3 & section 4 below)

3. (if additional space is required, please attach list)

Gwinnett County Elected Official Name

4.

BY:

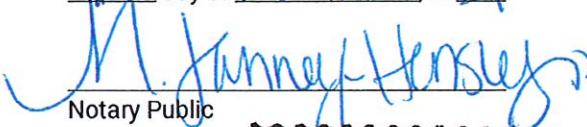
  
Authorized Officer or Agent Signature

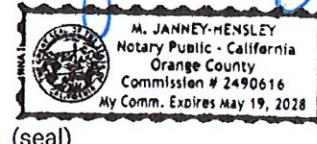
Jennifer Hensley  
Printed Name of Authorized Officer or Agent

Corporate Controller  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

11 day of November, 2024

  
Notary Public



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)



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1. vPrime Tech Inc

(Company Submitting Bid/Proposal)

2. (Please check  one box below)

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

4.

BY: 

Authorized Officer or Agent Signature

Jan Ghalib

Printed Name of Authorized Officer or Agent

CEO

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

30 day of October, 2020

  
Notary Public



JONYL S OLESAK  
NOTARY PUBLIC  
STATE OF CONNECTICUT  
MY COMM. EXP.01-31-2028  
(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)

**CALIFORNIA JURAT**

GOVERNMENT CODE § 8202

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 Orange

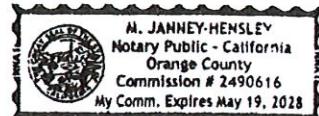
Subscribed and sworn to (or affirmed) before me on  
this 4<sup>th</sup> day of November, 2024, by

(1) Jennifer Hagy

(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 M. Janney Hinsley  
Signature of Notary Public



Place Notary Seal and/or Stamp Above

**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: Code of ethics Affidavit.Document Date: 11-4-2024 Number of Pages: 1

Signer(s) Other Than Named Above: \_\_\_\_\_