

BL144-24 Purchase of Medical Supplies on Annual Contract

## 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 vendor, its affiliates or its subcontractors:

1. Aasdel Corporation  
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: Sabbir Mahmud  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

SABBIR MAHMUD

2 day of December, 2024

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent  
President

Jansi Fuentes  
Notary Public

\_\_\_\_\_  
Title of Authorized Officer or Agent of Contractor

Jansi Gabriella Fuentes  
NOTARY PUBLIC  
WINNETT COUNTY, GEORGIA (seal)  
My Commission Expires 08/28/2028

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



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1. AMERICAN PRESTIGE INTERNATIONAL GROUP, 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: Rita Dannenberg  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

RITA DANNENBERG  
Printed Name of Authorized Officer or Agent

26<sup>th</sup> day of November, 2024

CEO  
Title of Authorized Officer or Agent of Contractor

[Signature]  
Notary Public



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



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1. Bound Tree Medical, 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

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Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

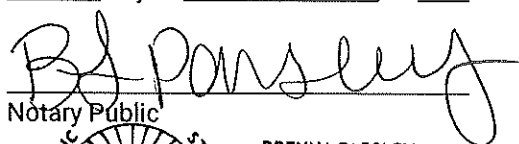
4. BY:   
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Darrell Hughes  
Printed Name of Authorized Officer or Agent

27th day of November, 20 24

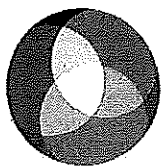
Corporate Secretary  
Title of Authorized Officer or Agent of Contractor

  
Notary Public



BRENNA PARSLEY  
Notary Public  
State of Ohio (seal)  
My Comm. Expires  
June 30, 2026

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



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1. Dealmor Medical Supplies 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: [Signature]  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Jasper Pratt  
Printed Name of Authorized Officer or Agent

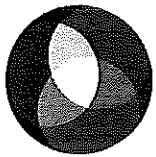
27 day of November, 2024

EMS Account Manager  
Title of Authorized Officer or Agent of Contractor

[Signature]  
Notary Public

Renata M. Kelly  
Notary Public - State of New York  
No. 01KE6350804  
Qualified in Kings County  
My Commission Expires November 21, 2028 (seal)

Note: See Gwinnett County Code of Ethics Ordinance E02011, Sec. 54-33. The ordinance will be available to view in its' entirety at **GwinnettCounty.com**



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1. Henry Schein, Inc.  
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

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Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

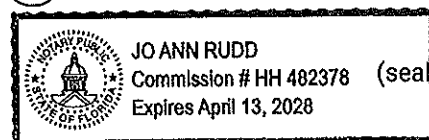
\_\_\_\_\_  
Gwinnett County Elected Official Name

4. BY: Julia Strange  
Authorized Officer or Agent Signature  
Julia Strange  
Printed Name of Authorized Officer or Agent  
Supervisor EMS  
Title of Authorized Officer or Agent of Contractor

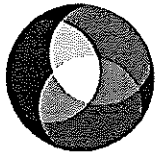
Sworn to and subscribed before me this

26 day of November, 2024

Jo Ann Rudd  
Notary Public



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



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1. JGM BUSINESS INC DBA GLOBE MEDICAL  
Company Submitting Bid/Proposal SURGICAL SUPPLY CO.

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

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Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

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

4. BY: [Signature]  
Authorized Officer or Agent Signature

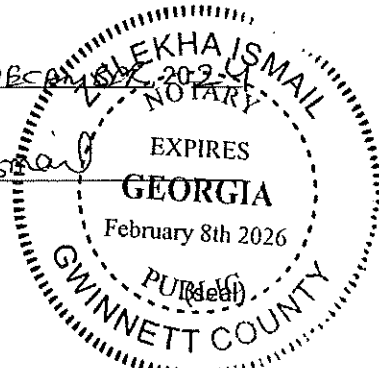
Sworn to and subscribed before me this

RAVI JUNEJA  
Printed Name of Authorized Officer or Agent

5<sup>th</sup> day of DECEMBER 2024

OWNER  
Title of Authorized Officer or Agent of Contractor

Zulekha Ismail  
Notary Public



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





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1. Life-Assist, Inc.  
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

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Gwinnett County Elected Official Name

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Gwinnett County Elected Official Name

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

4. BY: Zachariah Bauer  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Zach Bauer

\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Printed Name of Authorized Officer or Agent

Pricing Specialist

Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Notary Public

See Attached

(seal)

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

## JURAT

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 Sacramento

Subscribed and sworn to (or affirmed) before me on

this 15<sup>th</sup> day of November, 20 24,

by Zachariah Paul Bauer

proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.

Signature

Walt Clayton Anderson

(Seal)







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1. McKesson Medical-Surgical Government Solutions 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: Michelle Fisher  
Authorized Officer or Agent Signature

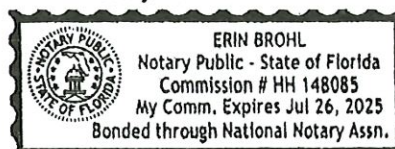
Sworn to and subscribed before me this

Michelle Fisher  
Printed Name of Authorized Officer or Agent

25th day of November, 2024

Proposal Manager  
Title of Authorized Officer or Agent of Contractor

Erin Brohl  
Notary Public



(seal)

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1. Medline Industries, LP  
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)

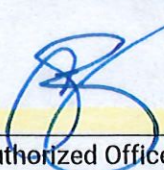
3. If additional space is required, please attach list:

\_\_\_\_\_  
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

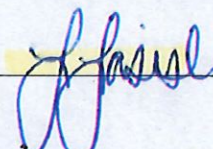
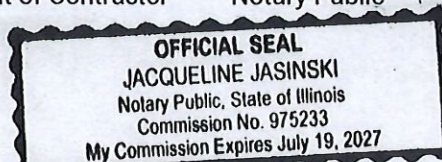
Sworn to and subscribed before me this

Chris Powers  
Printed Name of Authorized Officer or Agent

07 day of November, 20 24

VP National Field Sales  
Title of Authorized Officer or Agent of Contractor

Jacqueline Jasinski  
Notary Public



(seal)

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

Brief Description of Project: NAR MD is a prime contractor for DLA to medical and surgical supplies and small medical equipment.

Completion Date: April 27, 2026

Contract Amount \$: \$16,953,713.00

Start Date: April 28, 2021

Contact Person: Giovanni Gironda

Telephone: +493171069724

E-Mail Address: ggirova@dlamill.com

3. Company Name: DHS - Customs & Border Protection

Brief Description of Project: NAR MD is currently a prime contractor under the DHS-wide BPA HSBP1015A00037 for supplies. This BPA was established to provide DHS and its organizational components supplies for Federal personnel who perform emergency medical services. This BPA requires established accounts and relationships.

Completion Date: July 24, 2023

Contract Amount \$: \$17,500,000.00

Start Date: June 25, 2015

Contact Person: Danna McMillen

Telephone: 317-339-7189

E-Mail Address: danna.mcmillen@dhs.gov



Gwinnett

WINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION  
75 Langley Drive Lawrenceville, GA 30046-4935  
(770) 622-8720 (F) 770-622-8735  
www.gwinnettcog.com

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BU14424 Purchase of Medical Supplies on Annual Contract  
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1. Will Jamison for NAR Medical Depot, 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

Sworn to and subscribed before me this  
24th day of November, 2024  
 Notary Public  
 (seal)  
Mary Ellen



FAILURE TO RETURN THIS PAGE MAY RESULT IN REMOVAL OF YOUR COMPANY FROM COMMODITY LISTING.

**Buyer Initials: CB**

IF YOU DESIRE TO SUBMIT A "NO BID" IN RESPONSE TO THIS PACKAGE, PLEASE INDICATE BY CHECKING ONE OR MORE OF THE REASONS LISTED BELOW AND EXPLAIN.

Specifications are unclear. Unable to meet specifications

Unable to meet bond requirements Unable to meet insurance requirements

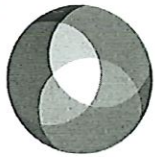
Our schedule would not permit us to perform. Insufficient time to respond.

Other[illegible]

NAR Medical Depot, LLC

COMPANY NAME \_\_\_\_\_  
AUTHORIZED REPRESENTATIVE \_\_\_\_\_  
SIGNATURE \_\_\_\_\_





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1. NASHVILLE MEDICAL & EMS PRODUCTS, .

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

NARI SADARANGANI

27 day of November, 2024

Printed Name of Authorized Officer or Agent

PRESIDENT

Title of Authorized Officer or Agent of Contractor

  
Notary Public

Exp: 10/20/27

(seal)



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





Gwinnett

WINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
(O) 770.822.8720 | (F) 770.822.8735  
www.gwinnettcounty.com

**BL144-24 Purchase of Medical Supplies on Annual Contract**

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1. TAYLOR HEALTHCARE PRODUCTS INC.

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

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Gwinnett County Elected Official Name

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

4. BY:

[Signature]  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

LINDA S WALSH

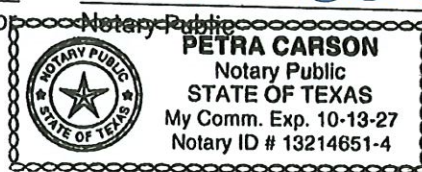
Printed Name of Authorized Officer or Agent

TREASURER

Title of Authorized Officer or Agent of Contractor

4<sup>th</sup> day of December, 2024

[Signature]



(seal)

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