

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. Aasdell 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

4. BY: Sabbir Mahmud
Authorized Officer or Agent Signature

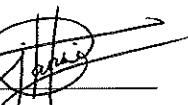
SABBIR MAHMUD

Printed Name of Authorized Officer or Agent
President

Title of Authorized Officer or Agent of Contractor

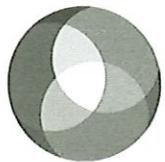
Sworn to and subscribed before me this

2 day of December, 2024

Jansi Fuentes 
Notary Public

Jansi Gabriella Fuentes
NOTARY PUBLIC
GWINNETT 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



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. 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

4. BY: Rita Dannenberg

Authorized Officer or Agent Signature

RITA DANNEBERG

Printed Name of Authorized Officer or Agent

CEO

Title of Authorized Officer or Agent of Contractor

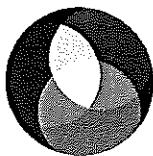
Sworn to and subscribed before me this

26th 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 GwinnettCounty.com



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. 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

4. BY:


Authorized Officer or Agent Signature

Darrell Hughes

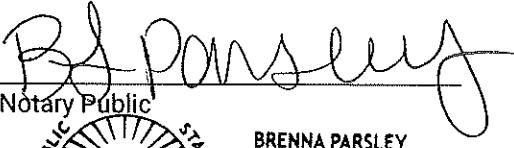
Printed Name of Authorized Officer or Agent

Corporate Secretary

Title of Authorized Officer or Agent of Contractor

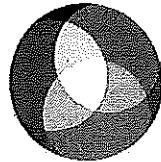
Sworn to and subscribed before me this

27th day of November 20 24


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



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. Dealmed 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

4. BY:

Jasper Pratt
Authorized Officer or Agent Signature

Jasper Pratt
Printed Name of Authorized Officer or Agent

EMS Account Manager
Title of Authorized Officer or Agent of Contractor

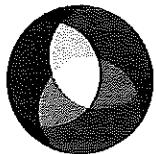
Sworn to and subscribed before me this

27 day of November, 2024

Renata M. Kelly

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 EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.com



Gwinnett

GWINNETT 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

Page 15

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. 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

4. BY: Julia Strange

Authorized Officer or Agent Signature

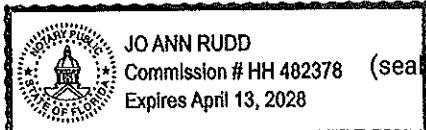
Julia Strange
Printed Name of Authorized Officer or Agent

Supervisor EMS
Title of Authorized Officer or Agent or Contractor

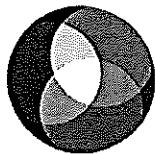
Sworn to and subscribed before me this

26 day of November, 2021

John Rudd
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 GwinnettCounty.com



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

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

4. BY: Ravi Juneja
Authorized Officer or Agent Signature

RAVI JUNEJA
Printed Name of Authorized Officer or Agent

OWNER
Title of Authorized Officer or Agent

Sworn to and subscribed before me this

5th day of December, 2025
NOTARY
Lukelka Jernay
Notary Public
EXPIRES
GEORGIA
February 8th 2026
GWINNETT COUNTY
PUBLISHED

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



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. 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

4. BY: Zach Bauer
Authorized Officer or Agent Signature

Zach Bauer

Printed Name of Authorized Officer or Agent

Pricing Specialist

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

____ day of _____, 20____

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

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 15th day of November, 20 24,
by Zachariah Paul Bauer Walt Clayton Anderson

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

Signature 

(Seal)





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. 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

4. BY: Michelle Fisher

Authorized Officer or Agent Signature

Michelle Fisher

Printed Name of Authorized Officer or Agent

Proposal Manager

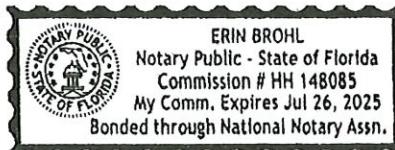
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

25th day of November, 2024

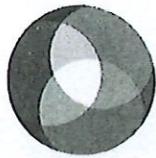
Erin Brohl

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 GwinnettCounty.com



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. 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

4. BY:

Chris Powers
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Chris Powers

Printed Name of Authorized Officer or Agent

VP National Field Sales

Title of Authorized Officer or Agent of Contractor

07 day of November, 2024

Jacqueline Jasinski

Notary Public

J. Jasinski
(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

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

Completion Date April 27/2026

Contract Amount \$ 516,953.21 Start Date April 28, 2021

Contact Person Giovanni Girotta Telephone +1983171068714

E-Mail Address ggirotta@girotta.com

3. Company Name DHS - Customs & Border Protection

Brief Description of Project NAR MD is currently a prime contractor under the DHS-MD-BEA-HSRP1015A00032 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 Donna McMullen Telephone 317-339-7189

E-Mail Address donna.mcmullen@cbp.dhs.gov



DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION
75 Landry Drive | Lawrenceville, GA 30046-9335
(678) 770-5222 | FAX: (678) 770-5223
www.gwinnettcounty.com

Page 15
BL14424 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. Will I am/Is the 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 _____

4. BY: Will Jamison
Authorized Officer or Agent Signature
Printed Name of Authorized Officer or Agent
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this
22nd day of November 2004
Notary Public
(seal)

Will Jamison, General Counsel

Mary Ellen Conley



Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be found in the www.gwinnettcounty.com/procurement/procurement.aspx section of the County's website. The ordinance was first adopted in 1999.

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

BLI 44-24

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.

Do not offer this product or service; remove us from your bidder's list for this item only. Specifications too "tight"; geared toward one brand or manufacturer only.

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

COMPANY NAME NAR Medical Depot, LLC
AUTHORIZED REPRESENTATIVE Will Jamison
SIGNATURE Will Jamison



GWINNETT 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

Page 15

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. 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

4. BY: Nari Sadarangani
Authorized Officer or Agent Signature

NARI SADARANGANI

Printed Name of Authorized Officer or Agent

PRESIDENT

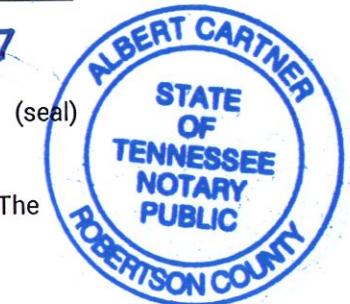
Title of Authorized Officer or Agent of Contractor

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Sworn to and subscribed before me this

27 day of November, 2024
Albert Cartner
Notary Public
Exp: 10/20/27



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



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. 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

4. BY:

Linda S. Walsh
Authorized Officer or Agent Signature

LINDA S WALSH

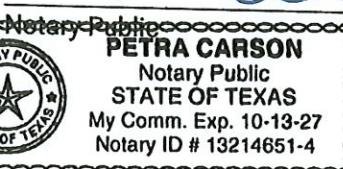
Printed Name of Authorized Officer or Agent

TREASURER

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

4th day of December, 2024



(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