



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

RP003-26 Provision of an In-Network Only Program on an 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. Kaiser Foundation Health Plan of Georgia, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4. BY: 

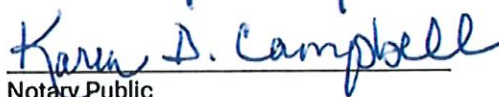
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

Sandra Harris

Printed Name of Authorized Officer or Agent
Vice President, Sales and Account Management

Title of Authorized Officer or Agent of Contractor

24th day of February, 2026


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

