



RP035-21 Provision of Armored Courier Services on an Annual Contract

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. <u>Brink's, Inc.</u> (Company Submitting Bid/Proposal)	
2. (Please check <input checked="" type="checkbox"/> one box below) <input checked="" type="checkbox"/> No information to disclose (<i>complete only section 4 below</i>) <input type="checkbox"/> Disclosed information below (<i>complete section 3 & section 4 below</i>)	
3. (if additional space is required, please attach list) Gwinnett County Elected Official Name Gwinnett County Elected Official Name	
4. BY: <u>Kevin Cleary</u> Authorized Officer or Agent Signature <u>Kevin Cleary</u> Printed Name of Authorized Officer or Agent Director of Bid Administration Title of Authorized Officer or Agent of Contractor	Sworn to and subscribed before me this 13th day of October, 2021 <u>J.S.J.</u> Notary Public JOEL S. LAWHON Notary Public-Maryland Harford County My Commission Expires December 06, 2021 (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



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1. Garda CL Southeast, 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 Frankel

Printed Name of Authorized Officer or Agent

Sworn to and subscribed before me this

_____ day of _____, 20____

Notary Public

Senior Vice President, Finance

Title of Authorized Officer or Agent of Contractor

(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

See Attached Florida Notary Certificate

FLORIDA JURAT
FS 117.05(13)

State of Florida }
County of Palm Beach }

Sworn to (or affirmed) and subscribed before me by
means of

Physical Presence,

— OR —

Online Notarization,

this 7 day of October, 2021, by

Jennifer Franke

Name of Person Swearing or Affirming

Diana Kesson

Signature of Notary Public — State of Florida

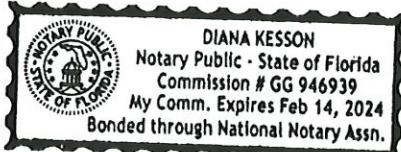
Diana Kesson

Name of Notary Typed, Printed or Stamped

Personally Known

Produced Identification

Type of Identification Produced: _____



Place Notary Seal 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: Dept of Fire Service

Document Date: 10/7/21 Number of Pages: 6 + 1

Signer(s) Other Than Named Above: _____