



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

BL102-19, Demolition of Buildings at Various Park Locations
CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FILLED OUT BY THE BIDDER/PROPOSER AT THE TIME OF YOUR SUBMITTAL AND WILL BE USED TO VERIFY THE BIDDER/PROPOSER'S COMPLIANCE WITH THE CODE OF ETHICS AFFIDAVIT.)

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is "E-Verify" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

In accordance with Section 54-33 of the Code of Ethics, the bidder/proposer makes the following full and complete disclosure of 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. Complete Demolition Services, LLC
(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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY: _____
Authorized Officer or Agent Signature

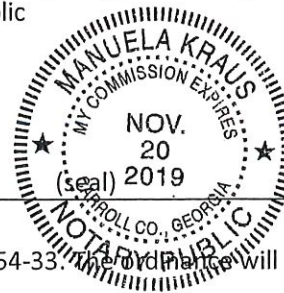
James Morheead
Printed Name of Authorized Officer or Agent

Managing Member
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

31 day of October, 2019

Manuela Kraus
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



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In accordance with Section 54-33 of the Code of Ethics Ordinance, the bidder/proposer makes the following full and true statement 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. La Fare, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY: [Signature]

Authorized Officer or Agent Signature

Lana Cavassa

Printed Name of Authorized Officer or Agent

President

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

1st day of November, 2019

[Signature]

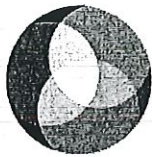
Notary Public

(seal)

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcounty.com



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* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is "E-Verify" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

In accordance with Section 54-33 of the Code of Ethics Ordinance, the bidder/proposer makes the following full and complete disclosure of 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. Roll Off Systems, 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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY: [Signature]
Authorized Officer or Agent Signature

Simon Garrett
Printed Name of Authorized Officer or Agent

Secretary
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

1 day of November, 2019

[Signature]
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.gwinnettcountry.com



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BL102-19, Demolition of Buildings at Various Park Locations CODE OF ETHICS AFFIDAVIT

(THIS FORM SHOULD BE FILLED OUT BY THE BIDDER/PROPOSER AT THE TIME OF YOUR SUBMITTAL AND WILL BE REVIEWED BY THE PURCHASING DIVISION.)

* As of the effective date of O.C.G.A. 13-10-91, the applicable federal work authorization program is "E-Verify" operated by the U.S. Citizenship and Immigration Services Bureau of the U.S. Department of Homeland Security, in conjunction with the Social Security Administration (SSA).

In accordance with Section 54-33 of the Code of Ethics Ordinance, the bidder/proposer makes the following full and true statement to the best of its 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. The M Mitchell Group, LLC
(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)

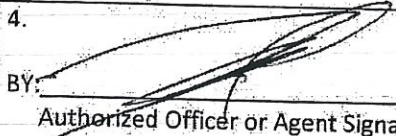
Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY: 
Authorized Officer or Agent Signature

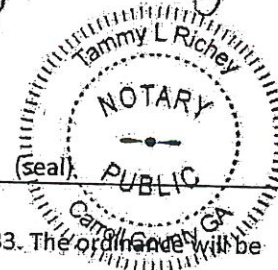
Marcus Mitchell
Printed Name of Authorized Officer or Agent

President & CEO
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

5 day of November, 2019


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



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**(THIS FORM SHOULD BE FILED WITH
YOUR SUBMITTAL AND WILL BE
RECEIVED BY THE BOARD OF
HEALTH AND HUMAN SERVICES
ON 01/11/2017 AT 10:00 AM)**

In accordance with Section 54-33 of the of Homeland Security, in conjunction with the Social Security bidder/proposer makes the following full an Administration (SSA).
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:

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at www.gwinnettcountry.com



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(THIS FORM SHOULD BE FILED WITH
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REMOVED FROM THE RECORD.)

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In accordance with Section 54-33 of the of Homeland Security, in conjunction with the Social Security Administration (SSA). bidder/proposer makes the following full and complete disclosure, to the best of its 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. Wrecking Corp of America, LLC
(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

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

Gwinnett County Elected Official Name

4.

BY:

Authorized Officer or Agent Signature

DANA EVANS

Printed Name of Authorized Officer or Agent

PRESIDENT

Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this

28 day of October, 2010


Notary Public

DIVYA VYAS
NOTARY PUBLIC

Forsyth County
State of Georgia

My Comm. Expires July 6, 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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