



BL119-19, Pre-Approved Non-Emergency Medical Transportation of Seniors on an Annual Contract, Page 12

**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. Allstars Transport & Logistic, 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: [Signature] Sworn to and subscribed before me this 5th day of November, 2019  
Authorized Officer or Agent Signature  
Patricia Sayeh Notary Public Tyler Todd  
Printed Name of Authorized Officer or Agent  
General Manager  
Title of Authorized Officer or Agent of Contractor



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](http://www.gwinnettcounty.com)





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1. Anchor NMTS  
(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. Sworn to and subscribed before me this

BY: [Signature] \_\_\_\_\_ 31<sup>st</sup> day of October, 2019  
Authorized Officer or Agent Signature

Tasha Clemmons \_\_\_\_\_ Ruby Clemmons \_\_\_\_\_  
Printed Name of Authorized Officer or Agent Notary Public

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

Ruby Clemmons  
NOTARY PUBLIC  
DeKalb County, Georgia  
My Commission Expires 8/22/2021  
(seal)

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



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1. Capital Transit  
(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. Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

BY: \_\_\_\_\_  
Authorized Officer or Agent Signature

**SEE ATTACHED FOR NOTORIAL WORDING**

\_\_\_\_\_  
Printed Name of Authorized Officer or Agent      Notary Public

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

(seal)

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



# CALIFORNIA JURAT WITH AFFIANT STATEMENT

See Attached Document (Notary to cross out lines 1-7 below)

See Statement Below (Lines 1-6 to be completed by document signer(s), *not* notary).

~~\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_~~

Shiraz Mir

Signature of Document Signer 1

N/A

Signature of Document Signer 2

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 }

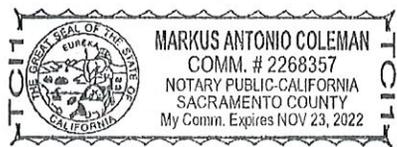
Subscribed and sworn to (or affirmed) before me on this 6<sup>th</sup> day of November, 2019

by Shiraz Mir

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

Markus Coleman (Seal)

Signature of Notary Public



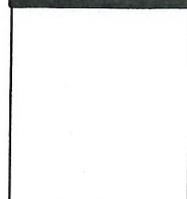
### Optional Information

Title or Type of Document: \_\_\_\_\_

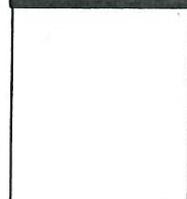
Document Date: \_\_\_\_\_

Number of Pages: \_\_\_\_\_ (including this page)

Right Fingerprint  
Signer 1



Right Fingerprint  
Signer 2





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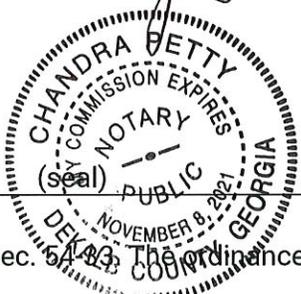
1. Caring Hearts EMS Inc.  
(Company Submitting Bid/Proposal)

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. Sworn to and subscribed before me this  
BY:  5<sup>th</sup> day of November, 2019  
Authorized Officer or Agent Signature  
Donald Anthony Chandra Petty  
Printed Name of Authorized Officer or Agent Notary Public  
CEO  
Title of Authorized Officer or Agent of Contractor



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





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1. GARNEY TAWNY and Transportation LLC (Mother in Call)  
(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. Sworn to and subscribed before me this  
BY: [Signature] 5 day of November, 2019.  
Authorized Officer or Agent Signature  
Nathene Garney Notary Public [Signature]  
Printed Name of Authorized Officer or Agent  
Ceo  
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](http://www.gwinnettcounty.com)





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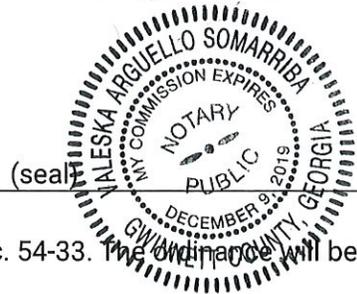
1. Immaculate Care Transportation Enterprise, Inc  
(Company Submitting Bid/Proposal)

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)

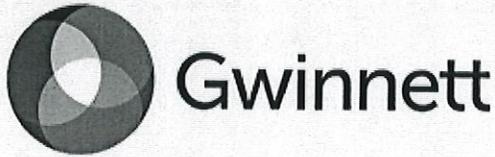
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this  
BY: Esther Baxter 7 day of Nov., 2019  
Authorized Officer or Agent Signature  
Esther Baxter Jaliska Arguello Smauba  
Printed Name of Authorized Officer or Agent Notary Public  
President  
Title of Authorized Officer or Agent of Contractor



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](http://www.gwinnettcounty.com)





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1. Pope Care Transportation 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: Julicia Pope Sworn to and subscribed before me this 7<sup>th</sup> day of November, 2019

Authorized Officer or Agent Signature

JULICIA POPE Notary Public Vicki Hyatt

Printed Name of Authorized Officer or Agent

CEO VICKI HYATT  
 NOTARY PUBLIC  
 WALTON COUNTY, GEORGIA  
 MY COMMISSION EXPIRES NOVEMBER 24, 2019

Title of Authorized Officer or Agent of Contractor

(seal)

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





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1. Safe Senior medical Transportation  
(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. Sworn to and subscribed before me this  
BY: [Signature] 9<sup>th</sup> day of November, 2019  
Authorized Officer or Agent Signature  
KIFLE DONI  
Printed Name of Authorized Officer or Agent  
OWNER/manager  
Title of Authorized Officer or Agent of Contractor  
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](http://www.gwinnettcountry.com)





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1. Southern Communities Transportation, 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. Sworn to and subscribed before me this  
BY: [Signature] 5<sup>th</sup> day of September, 2019  
Authorized Officer or Agent Signature  
Ellis Sykes Notary Public  
Printed Name of Authorized Officer or Agent  
Agent  
Title of Authorized Officer or Agent of Contractor



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



