



BL054-20, Provision of Swimming Pool Maintenance and Repair 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. American Pool Aquatic Solutions, 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] 14th day of May, 2020
Authorized Officer or Agent Signature
James E Darke
Printed Name of Authorized Officer or Agent
President
Title of Authorized Officer or Agent of Contractor
Notary Public [Signature]
JACQUELINE L HART
Notary Public, Georgia
Cherokee County
My Commission Expires
May 11, 2023

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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**CONTRACTOR AFFIDAVIT AND AGREEMENT
(THIS FORM SHOULD BE FULLY COMPLETED AND RETURNED WITH YOUR SUBMITTAL)**

By executing this affidavit, the undersigned contractor verifies its compliance with The Illegal Reform Enhancements for 2013, stating affirmatively that the individual, firm, or corporation which is contracting with the Gwinnett County Board of Commissioners has registered with and is participating in a federal work authorization program* [any of the electronic verification of work authorization programs operated by the United States Department of Homeland Security or any equivalent federal work authorization program operated by the United States Department of Homeland Security to verify information of newly hired employees, pursuant to the Immigration Reform and Control Act, in accordance with the applicability provisions and deadlines established therein.

The undersigned further agrees that, should it employ or contract with any subcontractor(s) in connection with the physical performance of services or the performance of labor pursuant to this contract with the Gwinnett County Board of Commissioners, contractor will secure from such subcontractor(s) similar verification of compliance with the Illegal Immigration Reform and Enforcement Act on the Subcontractor Affidavit provided in Rule 300-10-01-.08 or a substantially similar form. Contractor further agrees to maintain records of such compliance and provide a copy of each such verification to the Gwinnett County Board of Commissioners at the time the subcontractor(s) is retained to perform such service.

454584
E-Verify * User Identification Number

10/06/2011
Date Registered

Poolside, Inc.
Legal Company Name

1205 Oakhaven Drive
Street Address

Roswell, GA 30075
City/State/Zip Code

BY: [Signature] 05/13/2020
Authorized Officer or Agent Date
(Contractor Signature)

CEO/Owner
Title of Authorized Officer or Agent of Contractor

James P McConnell
Printed Name of Authorized Officer or Agent

For Gwinnett County Use Only:
Document ID # _____
Issue Date: _____
Initials: _____

SUBSCRIBED AND SWORN
BEFORE ME ON THIS THE
15 DAY OF May, 2020

[Signature]
Notary Public
My Commission Expires: 06.02.2022



* As of the effective date of O.C.G.A. 13-10-01, 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).
Rev. 6.20.13