



Bid # & Description BL070-20 Purchase of Shelf Stable Meals for Seniors 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. JA FOODSERVICE CORPORATION
(Company Submitting Bid/Proposal)

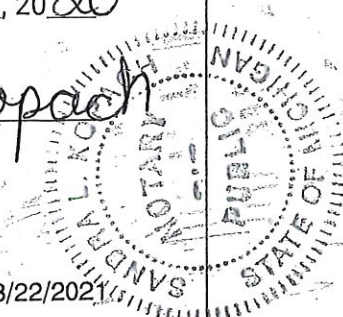
2. (Please check one box below)
 No information to disclose (complete only section 4 below)
 Disclosed information below (complete section 3 & section 4 below)

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
JACKIE L. ABBOTT
Printed Name of Authorized Officer or Agent
President
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this
13th day of July, 2020
[Signature]
Notary Public
Sandra L. Kopach
Notary Public
Berrien County, Michigan
My Commission Expires: 08/22/2021
(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



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1. Independent Living Systems
(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: *Nestor J. Plana* _____ 14 day of July, 2020

Authorized Officer or Agent Signature

Nestor J. Plana _____

Printed Name of Authorized Officer or Agent

CEO _____

Title of Authorized Officer or Agent of Contractor

[Signature] _____

Notary Public

(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

