

GWINNETT 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

BL126-22 Roof Replacement at Fire Station Number Nine

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. Alpha Roofins Systems LIC dba ACR Commercia Roofing
(Company Submitting Bid/Proposal)
2. (Please check one box below)
2. (Flease 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)
3. (Il additional space is required, please attach list)
Gwinnett County Elected Official Name Gwinnett County Elected Official Name
Cwinnett County Floated Official Name Cwinnett County Floated Official Name
Gwinnett County Elected Official Name Gwinnett County Elected Official Name
4. Sworn to and subscribed before me this
BY: 5th day of December, 20,22
Authorized Officer or Agent Signature
Shawn Fobas Sarhel Johnner
Printed Name of Authorized Officer or AgentNotary Public
Rachel Solomon
OCOGO OCH Jackson County
State of Georgia
Title of Authorized Officer or Agent of Contractor (seal) My Comm. Expires October 6th 2025

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. Roof Management, 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 thi	s
BY: 8th day of December , 20 22	
Authorized Officer or Agent Signature	
Melissa J Christoff Diinted North 1055	ep
Printed Name of Authorized Officer or AgentNotary Public	X
CFO	
Title of Authorized Officer or Agent of Contractor (seal)	
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