



Bid # & Description BL122-22 Purchase of Supplemental Medical Supplies on a Term Contract

CODE OF ETHICS AFFIDAVIT

PLEASE RETURN THIS FORM COMPLETED WITH YOUR SUBMITTAL. SUBMITTED FORMS ARE 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 their 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 Screening LLC
Company Submitting Bid/Proposal

2. Please select one of the following:
[X] 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:

N/A
Gwinnett County Elected Official Name

N/A
Gwinnett County Elected Official Name

N/A
Gwinnett County Elected Official Name

N/A
Gwinnett County Elected Official Name

4. BY: Shawn Kilgarlin
Authorized Officer or Agent Signature

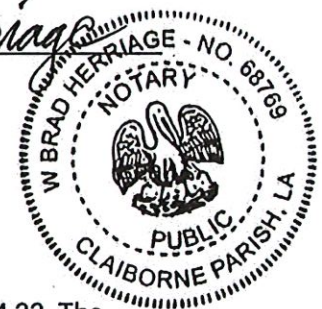
Sworn to and subscribed before me this

Shawn Kilgarlin
Printed Name of Authorized Officer or Agent

17 day of November, 2022

QMR/Procurement/ Production Manager
Title of Authorized Officer or Agent of Contractor

Notary Public





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1. Bound Tree Medical, 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)

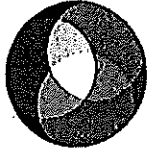
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name
_____	_____
Gwinnett County Elected Official Name	Gwinnett County Elected Official Name

4. Sworn to and subscribed before me this  
BY: [Signature] 3 day of November, 2020  
Authorized Officer or Agent Signature  
Corey Case  
Printed Name of Authorized Officer or Agent  
Notary Public  
Senior Vice President of Marketing  
Title of Authorized Officer or Agent of Contractor



MICHAEL P. COOKE  
Attorney At Law  
NOTARY PUBLIC  
STATE OF OHIO  
No Expiration Date  
Section 147.03 O.R.C.

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



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1. Buyer's Point, LLC (Company Submitting Bid/Proposal)

2. (Please check one box below) [X] 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

4. Sworn to and subscribed before me this 25th day of OCTOBER, 2022 BY: Kimberly Mesler Authorized Officer or Agent Signature Printed Name of Authorized Officer or Agent Operations Manager Title of Authorized Officer or Agent of Contractor Notary Public BRITTANY NICOLE THOMAS Commission # HH 196531 Expires November 8, 2025 Bonded Thru Budget Notary Services (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. Engaged Healthcare Solutions  
(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  
Daren W Carter  
Printed Name of Authorized Officer or Agent  
Daren W. Carter - Chief Commercial Officer  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this 7 day of November, 2022  
[Signature]  
Notary Public

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. EVER READY FIRST AID & MEDICAL  
(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)

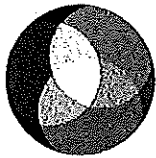
3. (if additional space is required, please attach list)

_____	_____
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] 3 day of Nov, 2022  
Authorized Officer or Agent Signature  
Michael Pele  
Printed Name of Authorized Officer or Agent  
President  
Title of Authorized Officer or Agent of Contractor

[Signature]  
Notary Public  
MIRL WEBER  
NOTARY PUBLIC, State of New York  
No. 01WE5063278  
Qualified in Kings County  
Commission Expires July 15, 20  
(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)



BL122-22 Purchase of Supplemental Medical Supplies on a Term Contract

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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. GUARDIAN EMS PRODUCTS  
(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: Frank E. Hartsell  
Authorized Officer or Agent Signature

Sworn to and subscribed before me this

2nd day of November, 2022

FRANK E. HARTSELL  
Printed Name of Authorized Officer or Agent

Notary Public

Notary Public State of Florida  
Rick Meadows  
My Commission GG 852822  
Expires 01/28/2024

SALES MANAGER  
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)

**BL122-22 Purchase of Supplemental Medical Supplies on a Term Contract**

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1. Henry Schein, Inc.  
(Company Submitting Bid/Proposal)

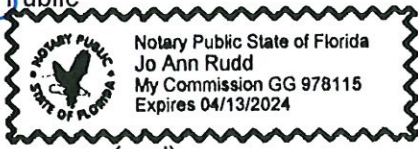
2. (Please check  one box below)

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

<p>4. BY: <u>Julia Strange</u> Authorized Officer or Agent Signature</p> <p><u>Julia Strange</u> Printed Name of Authorized Officer or Agent</p> <p><u>Supervisor EMS</u> Title of Authorized Officer or Agent of Contractor</p>	<p>Sworn to and subscribed before me this <u>2</u> day of <u>November</u>, 20<u>22</u></p> <p><u>Jo Ann Rudd</u> Notary Public</p> <div style="border: 2px dashed black; padding: 5px; text-align: center;">  <p>Notary Public State of Florida Jo Ann Rudd My Commission GG 978115 Expires 04/13/2024</p> </div> <p>(seal)</p>
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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)



WINNETT COUNTY  
DEPARTMENT OF FINANCIAL SERVICES  
PURCHASING DIVISION

75 Langley Drive | Lawrenceville, GA 30046-6935  
O: 770.822.8720 | F: 770.822.8735  
GwinnettCounty.com

BL122-22 Purchase of Supplemental Medical Supplies on a Term Contract

CODE OF ETHICS AFFIDAVIT

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1. JGM Business Inc. DBA- Globe Medical Surgical Supply  
(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: RAVI JUNEJA 1<sup>st</sup> day of Nov, 2022  
Authorized Officer or Agent Signature  
Printed Name of Authorized Officer or Agent  
LAILA GILANI  
Notary Public  
LAILA GILANI  
NOTARY PUBLIC  
Gwinnett County  
State of Georgia  
My Comm. Expires February 8th 2026  
Title of Authorized Officer or Agent of Contractor: PRESIDENT  
(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)

Proud Winner of the Annual *Achievement of Excellence Award* in Procurement since 1999





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1. Life-Assist, 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 \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

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

Walt Anderson  
Printed Name of Authorized Officer or Agent

Pricing Specialist  
Title of Authorized Officer or Agent of Contractor

\_\_\_\_\_  
Notary Public

*See attach [Signature]*  
(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.gwinnettcountry.com](http://www.gwinnettcountry.com)

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 31  
day of October, 2022, by Walt Anderson

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



(Seal)

Signature R.K.G. - Val



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1. McKesson Medical-Surgical Government 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. BY: [Signature] Sworn to and subscribed before me this  
Authorized Officer or Agent Signature 1<sup>st</sup> day of November, 2022

Kameron Jewett Darius Mark Smith  
Printed Name of Authorized Officer or Agent Notary Public

Contracts Administration Manager  
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)



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1. Mercedes Medical Inc. dba Mercedes Scientific (Company Submitting Bid/Proposal)

2. (Please check one box below) [X] 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 28th day of October, 2022 BY: Monica Fraser Authorized Officer or Agent Signature Printed Name of Authorized Officer or Agent Gov. Bid Mgr. Title of Authorized Officer or Agent of Contractor Notary Public TAMARA FRAZER MY COMMISSION # HH 119635 EXPIRES: August 20, 2025 Bonded Thru Notary Public Underwriters (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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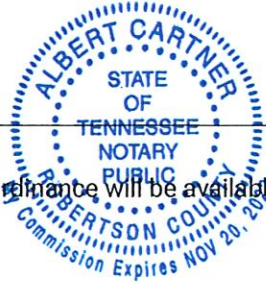
In accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes the following full and complete disclosure under oath, to the best of his/her knowledge, of the name(s) of all elected officials whom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates or its subcontractors:

1. NASHVILLE MEDICAL & EMS PRODUCTS, INC (Company Submitting Bid/Proposal)

2. (Please check one box below) [X] 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

4. BY: [Signature] NARI SADARANGIANI PRESIDENT Sworn to and subscribed before me this 3 day of November, 2022 [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.gwinnettcounty.com



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1. QuadMed, 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  
27<sup>th</sup> day of October, 2022

BY: Melinda Langorger  
Authorized Officer or Agent Signature  
Melinda Langorger  
Printed Name of Authorized Officer or Agent  
Bid Contracts Mgr.  
Title of Authorized Officer or Agent of Contractor

Rebecca DiMichele  
Notary Public

Notary Public State of Florida  
Rebecca DiMichele  
My Commission  
HH 238934  
Exp. 3/22/2024  
(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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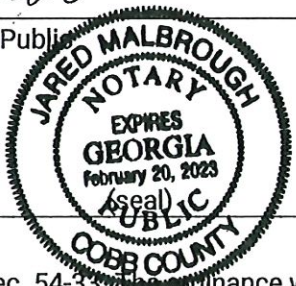
1. RapiFast LLC  
(Company Submitting Bid/Proposal)

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  
Authorized Officer or Agent Signature 312 day of Nov, 2022  
SARA A. ROSSER Notary Public  
Printed Name of Authorized Officer or Agent  
CEO / OWNER  
Title of Authorized Officer or Agent of Contractor



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



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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. School Health Corportion
(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: Karen Acevedo
Authorized Officer or Agent Signature

25 day of October, 2022

Karen Acevedo
Printed Name of Authorized Officer or Agent

Alicia Marie Facht
Notary Public

Contract Sales Team Lead
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.gwinnettcounty.com





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1. Sidra Medical Supply, 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:   
Authorized Officer or Agent Signature  
Muhammad Momen  
Printed Name of Authorized Officer or Agent  
President  
Title of Authorized Officer or Agent of Contractor

Sworn to and subscribed before me this  
01 day of November, 2022  
  
Notary Public  
FRANK LATTANZIO  
NOTARY PUBLIC-STATE OF NEW YORK  
No. 02LA4692120  
Qualified in Nassau County  
My Commission Expires August 31, 2025

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)