



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. U.S. Legal Services of Gerogia, 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 Gwinnett County Elected Official Name

4. BY: Marie M. Forbes (Signature) Marie M. Forbes (Printed Name) President (Title) Sworn to and subscribed before me this 12th day of February 2021 Deborah M. Corson (Signature) Notary Public (seal) DEBORAH M. CORSON Commission # GG 951263 Expires January 26, 2024 Bonded Thru Troy Fain Insurance 800-385-7019

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. Allstate Identity Protection
(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] 9th day of February, 20 21
Authorized Officer or Agent Signature
Yelena Biber
Printed Name of Authorized Officer or Agent
National Sales Director
Title of Authorized Officer or Agent of Contractor

[Signature]
Notary Public

(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



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1. Identity Rehab Coropartion , dba ID Watchdog, an Equifax companyxxx
(Company Submitting Bid/Proposal)

2. (Please check one box below)
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 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 4th day of February, 2021
Jason Steed Debra Kay Spindler
Printed Name of Authorized Officer or Agent Notary Public
VP of Sales & Partner Development
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.gwinnettcountry.com