

DEPARTMENT OF FINANCIAL SERVICES
PURCHASING DIVISION

75 Langley Drive I Lawrenceville, GA 30046 6935 0: 770 822 6720 | F: 770 822 8735

Solicitation Name & No. RP036-23, Provision of a Disparity Study

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 bath, 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.	Elife Vessauch, LLC	
•	Company Submitting Bid/Proposal	
2.	Please select one of the following: No information to disclose (complete only section Disclosed information below (complete section 3)	
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
	Authorized Officer or Agent Signature Vod Vod Signature Printed Name of Authorized Officer or Agent Little of Authorized Officer or Agent of Contractor	Sworn to and subscribed before me this 23 day of OGOOC 20 23 JODI WOODSIDE Notary ID #1) 3581033 My Commission Expires February 9, 2026 (Seal)

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



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1.	Griffin & Strong, P.C.	
	Company Submitting Bid/Proposal	
2.	Please select one of the following: No information to disclose (complete only section	4 below)
	☐ Disclosed information below (complete section 3 a	& 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	Sworn to and subscribed before me this
	Printed Name of Authorized Officer or Agent Chairman and CEO Title of Authorized Officer or Agent of Contractor	A 4 day of October, 2023 Suson J. Johnson, G. John

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



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1.	Mason Tillman Associates, Ltd			
	Company Submitting Bid/Proposal			
2.	Please select one of the following: ☑ 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	Sworn to and subscribed before me this		
	Eleanor M. Ramsey rinted Name of Authorized Officer or Agent	11 day of October 2023		
F	President tle of Authorized Officer or Agent of Contractor	Shovonne Marie Smith Notary Public		
	s - s s s s s s s s s s s s s s s s s s	(seal)		

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

CALIFORNIA ALL-PURPOSE ACKNOWLEDGMENT

	ELODEOLANA TAOLAGA		
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 Alameda)			
On 11 Oct 2023 before me, Shar	vonne Marie Smith		
Date personally appeared Eleanor Ramse	Here Insert Name and Title of the Officer		
personally appeared tleanor Kamse	y —		
	Name(s) of Signer(s)		
subscribed to the within instrument and acknowled	evidence to be the person(s) whose name(s) is/are edged to me that he/she/they executed the same in s/her/their signature(s) on the instrument the person(s), ted, executed the instrument.		
	certify under PENALTY OF PERJURY under the laws of the State of California that the foregoing paragraph s true and correct.		
,	NITNESS my hand and official seal.		
	Signature Shine Marie Smil		
Commission # 2428769 My Comm. Expires Dec 2, 2026	Signature of Notary Public		
Place Notary Seal Above	TIONAL		
Though this section is optional, completing this fraudulent reattachment of this	information can deter alteration of the document or form to an unintended document.		
Description of Attached Document			
Title or Type of Document.	Document Date:		
Number of Pages: Signer(s) Other Than	Named Above:		
Capacity(ies) Claimed by Signer(s)	Consula Nama:		
Signer's Name:	Signer's Name: Corporate Officer — Title(s):		
☐ Partner — ☐ Limited ☐ General	□ Partner - □ Limited □ General		
☐ Individual ☐ Attorney in Fact	☐ Individual ☐ Atterney in Fact		
☐ Trustee ☐ Guardian or Conservator	☐ Trustee ☐ Guardian or Conservator		
☐ Other:Signer Is Representing:	☐ Other:Signer Is Representing:		



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1.	Miller3 Consulting, Inc.			
	Company Submitting Bid/Proposal			
2.	Please select one of the following: ☑ 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 Electe	d Official Name	
	1			
	Gwinnett County Elected Official Name	Gwinnett County Electe	d Official Name	
4.	BY: Lauren Miller Authorized Officer or Agent Signature	State of Texas, County o Sworn to and subscribe		
_	Lauren Miller	_26th _ day ofOcto	ber ,2023	
_	Printed Name of Authorized Officer or Agent Director of Business Development Title of Authorized Officer or Agent of Contractor	John Dawl My Notary Public	OF THE PROPERTY OF THE PROPERT	John David McLin ID NUMBER 13385504-1 COMMISSION EXPIRES July 12, 2026

Notarized online using audio-video communication



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1.	MGT of America Consulting, LLC	
	Company Submitting Bid/Proposal	
2.	Please select one of the following: No information to disclose (complete only section of the following)	4 below)
	$\hfill\Box$ Disclosed information below (complete section 3 $\&$	a 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	Sworn to and subscribed before me this
	Patrick J. Dyer	12 day of Detaber, 2023
F	Printed Name of Authorized Officer or Agent	12 day of Detober, 2023
_	Vice President	77
Τ	itle of Authorized Officer or Agent of Contractor	Notary Public
		(seal)

See attached for seal.

Note: See Gwinnett County Code of Ethics Ordinance EO2011, Sec. 54-33. The ordinance will be available to view in its' entirety at GwinnettCounty.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 day of *VetobeR*, 2023, by Patrick J. Dyer proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me. M. ROMANISHIN COMM: # 2328008"
HOTARYPUBLIC CALIFORNIA
SACRAMENTO COUNTY (Seal) Signature