

## **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

RP038-25 Provision of Medical Examiner Services on a Multi-Year Contract

Page 26

## **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

	nom it employs or who have a direct or indirect p bcontractors:	ecuniary interest in or with the bidder/proposer, its affiliates or its
1.	Caswell Trumon Company Submitting Bid/Proposal	LLC
2.	Please select one of the following:	
	MNo information to disclose (complete only sec	tion 4 below)
	$\square$ Disclosed information below (complete section	n 3 & section 4 below)
3.	If additional space is required, please attac	n 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
	Brian Byar	25 day of November 20 25
F	Printed Name of Authorized Officer or Agent	MONTANTA
	Managing member	The tours EXPIRES
٦	Fittle of Authorized officer or Agent of Contractor	Notary Public GEORGIA Shannen Powers GEORGIA OTHERSON
		in the second of
		(seal)
1	Note: See Gwinnett County Code of Ethics Ordinar	nce EO2011, Sec. 54-33. The ordinance will be available manning.

to view in its' entirety at GwinnettCounty.com



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fo w	accordance with Section 54-33 of the Gwinnett County Code of Ordinances the undersigned bidder/proposer makes illowing full and complete disclosure under oath, to the best of their knowledge, of the name(s) of all elected office hom it employs or who have a direct or indirect pecuniary interest in or with the bidder/proposer, its affiliates of subcontractors:
1.	Forensic Pathology Services PC 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
4.	Gwinnett County Elected Official Name  Gwinnett County Elected Official Name  BY:
P	Authorized Officer or Agent Signature  Sworn to and subscribed before me this  Arol A. Terry, M.  Trinted Name of Authorized Officer or Agent  Sworn to and subscribed before me this  Aday of Nov  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 GwinnettCounty.com